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Yale Medicine

Alumni Bulletin of the School of Medicine: Winter 1979



Yale Medicine

Alumni Bulletin of the School of Medicine: Winter 1979: Vol. 14, No. 1

Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor, 333 Cedar Street, New Haven, Connecticut 06510

Editorial Staff:

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Managing Editor: Marjorie Blake Noyes
and Design:

Assistant Editor: Guldane K. Mahakian

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Photos: cover, pp 5, 7, 8, 14-16, William Carter; pp 10, 11, Robert Kilpatrick; pp 12, 13, Office of Public Relations, Veterans Administration Medical Center, West Haven.

Cover: Two manikins of country women in handmade peasant dress (now in fragile condition). Heads, hands, and feet are carved of wood, covered with gesso, and painted. The eyes are probably of glass; the movable limbs are attached to a rough core. Both figures display prominent neck goiters. The younger woman is about 18 inches high; the older about 17½ inches high.

These manikins are tentatively identified as *crèche* (or in Italy, *Presepio*) figures. They may have been made in Italy in the 18th century and used in scenes of the Christmas story. During this period, popular genre figures, such as country folk, were thought a delightful addition to the Nativity scene in the *crèche*.

Under study by Judith M. Bloomgarden
Yale Art and Architecture Library

MEDICAL CENTER AND COMMUNITY HOSPITAL AFFILIATIONS: EVOLUTION OF THE PARTNERSHIP

by Eva D. Cohen, M. P. H.

Ms. Cohen is director, Office of Graduate and Continuing Education

More than a decade has passed since the enactment of Public Law 89-239, known as the "Heart Disease, Cancer, and Stroke Amendments of 1965", which authorized funding for the regional medical program. This legislation, which expired by the mid 70's, was an expression of the federal government's concern with the application of new advances in medical research for improved patient care.

In decades after World War II, the partnership between academic medical centers and the federal government resulted in a steady expansion of biomedical research coupled with increasingly large support for postgraduate fellowship training. But there was an increasing gap between the available knowledge and technical skills and their utilization in patient care. The funds for the regional medical programs were intended to encourage the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for research and training in the fields of heart disease, cancer, stroke, and related diseases and thereby to afford the medical profession the opportunity of making available the latest advances in the diagnosis and treatment of these diseases.

In Connecticut the structure for this regionalization was a system of affiliations between the two medical schools and community hospitals. The Connecticut Regional Medical Program established a plan by which hospitals in the southern half of Connecticut were to be affiliated with the Yale School of Medicine, while hospitals in the northern half would be affiliated with the University of Connecticut School of Medicine.

Yale School of Medicine had already established long-standing ties with several community hospitals and these had been maintained through alumni and through the Yale faculty who conducted educational programs at the hospitals. Alumni practicing in Connecticut have participated in the teaching of generations of Yale medical students and house staff. The regional medical program formalized and speeded a process which to some extent had been initiated without federal incentives.

The formal affiliations between the School of Medicine and community hospitals were established with the objectives of applying new medical knowledge to the care of patients, of providing effective education in the health professions, and of encouraging productive clinical and health care research. These objectives are stated in Part I of an affiliation agreement. The guidelines for the specific programs to be developed on a departmental level, based on individual hospital needs, are separately delineated in Part II of the agreement. A principle of partnership is implied in the affiliation. It is to be of mutual benefit to the hospital and the medical school.

Agreements were signed between Yale and several Connecticut hospitals in the early 1970s; these were designated "preliminary", to be renewed annually. Most of the affiliations subsequently were expanded to five-year periods and two already are in their second five-year phase.

Presently the School of Medicine has five-year affiliations in effect with The Hospital of St. Raphael in New Haven, Bridgeport and St. Vincent's Hospitals in Bridge-



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port, Danbury Hospital, Greenwich Hospital, Griffin Hospital in Derby, Lawrence and Memorial Hospitals in New London, Norwalk Hospital, and St. Mary's and Waterbury Hospitals in Waterbury. Preliminary affiliations are in effect with Milford and Stamford Hospitals.

The goals and progress of affiliated hospital programs are reviewed at periodic Joint Affiliation Committee meetings attended by community hospital and Yale representatives. Programs such as the Yale Affiliated Hospital Program in Internal Medicine and the regional program at Yale's Department of Surgery are reviewed with representatives from the respective community hospital and medical school departments.

A profile of the programs established with the Yale affiliated hospitals is compiled annually by the Office of Graduate and Continuing Education. This profile chronicles the growth of the School's regional activities from a time of an informal participation by Yale faculty to the present outreach program developed on a departmental basis.

The general objectives of the affiliation are carried out through the following activities:

- continuing education of medical staff;
- graduate medical education of house staff;
- undergraduate medical education;
- recruitment of faculty and medical staff; and
- multi-hospital research programs and referral networks.

Continuing Education

Yale's continuing medical education programs at affiliated hospitals is carried out largely through contractual agreements, which now are in effect between a number of departments at Yale and their counterparts in the community hospitals. These contract packages refer to a combination of programs and activities requiring a substantial commitment of faculty time. Depending on the needs and program objectives of the individual hospital, the format includes grand rounds, or subspecialty rounds, clinical conferences, ward rounds, and a series of basic science lectures. During the current academic year (1978-79), approximately 1800 continuing education sessions will have been held at the affiliated hospitals.

These continuing education sessions are organized on the basis of a hospital's particular needs and at the same time attempt to ensure that clinical topics in most subspecialties are updated. According to Dr. Marvin Garrell, director of medical education at St. Vincent's Medical Center, "the active participation of Yale faculty in educational programs at St. Vincent's usually is tied to care of a patient who still is in the hospital or who has just been discharged. The faculty members who relate their expertise and educational methods to cases of current interest to the hospital medical staff enhance the professionalism and *esprit de corps* of the hospital medical staff and generate a sense of partnership in caring for the patient. The affiliation strengthens that partnership."

Preliminary evaluations of the impact of these programs are in progress through approaches such as patient care audits or other documentation of patient care. As the educational activity is taking place in institutions where such evaluation can be built into the ongoing assessment of care, Yale's presence can begin to be measured.

Dr. Thomas Amatruda, director of clinical services and medical education at Waterbury Hospital, comments that "the affiliation and close functional ties between Waterbury Hospital and Yale University have had a major impact on improving the quality of patient care in the Waterbury area. Hospitals recognize that to ensure the highest quality of patient care there must be education of high quality available for physicians in practice. A strong education program, with active participation of medical center faculty, acts as a magnet to attract young physicians into the community."

Graduate Medical Education

The affiliations have particular implications for residency training and for the recruitment of house staff to the community hospital. For example, the Department of Internal Medicine at Yale informs applicants for medical house staff positions at Yale about residency training programs in affiliated institutions. Dr. Amatruda states that "the close relationship with Yale has played an important part in the success of the Waterbury Hospital training program, in part due to the constant Yale presence in Waterbury and to the opportunity for Waterbury resident staff to take some rotations at the Yale-New Haven Medical Center."

Yale residents in several specialty training programs receive part of their training in the Yale affiliated hospitals. During the academic year 1977-78, fifty-nine Yale-New Haven Medical Center house officers and ten post-graduate fellows rotated to community hospitals. The mutual benefits of the rotations were noted by Dr. Nicholas Spinelli, director of medical education at Bridgeport Hospital, who says that "Yale residents not only receive valuable clinical learning experience, but are themselves valuable and stimulating teachers to our residents."

Dr. Alan Levine, a Yale resident in orthopedics recently completed a rotation at Bridgeport Hospital. He described his experience as valuable due to the variety in the caseload, the educational stimulation from the attending staff, and their excellent communication concerning patient admission and therapy planning.

In 1977-78, sixty-six community hospital house officers and thirty-two fellows rotated to the Yale-New Haven Medical Center. Also, surgical residents from Bridgeport, St. Mary's, St. Vincent's, and Waterbury Hospitals participate with Yale surgical house staff in a basic science course held at Yale throughout the academic year.

A new form of partnership in graduate medical education ensued from the recent requirement affecting federal funds for training in general internal medicine and general pediatrics. To obtain funds for such residency programs,

applications from community hospitals need to be submitted by the medical school with which the hospital is affiliated. In this partnership, the medical school is expected to be more than merely a conduit of funding. The requirement is meant to ensure that the school's resources are available to the community hospital to enhance the program. Dr. Julius Landwirth, chief of pediatrics at Bridgeport Hospital, is the program director for a grant in general pediatrics. He notes that Yale faculty are an important resource to the training program, and the two-day rotations by residents in each institution broadens the experience of the training programs both at Yale-New Haven Hospital and at Bridgeport Hospital.

Medical centers and community hospitals have felt the impact of changing federal policies and support for education of health professionals. The increases in the size of medical school classes and in the physician's associate and in nursing programs, have created greater need for clinical training sites. With the abolishment of the traditional internship year, Yale residents in, for example, psychiatry and radiology, now tend to spend their first year of graduate education in an affiliated hospital and complete their residency at Yale. Yale residents in psychiatry spend their first year at Greenwich or Norwalk Hospitals or at The Hospital of St. Raphael.

Dr. Richard M. Sallick, chairman of the department of psychiatry at Norwalk Hospital, describes his four years' experience providing the first year of post-graduate training to Yale psychiatric residents: "the benefits of the training period at Norwalk Hospital — of seeing how medicine is practiced in the community, of not developing an ivory tower orientation, of being exposed to a role model not always available in the University setting — have all to a degree been realized, but it is more difficult to make full use of these benefits because medicine today is undergoing so much criticism and such questioning of traditionally accepted styles of operating. The difficulty of finding a proper balance between patient care and teaching probably is a greater problem in a community hospital than in the medical center and it is certainly greater in a community hospital offering training to a university oriented resident. The experience has been both difficult and rewarding."

The affiliated hospitals have participated in the training of graduate students of the Department of Epidemiology and Public Health. Griffin Hospital, as one example, has maintained close ties to the Yale Hospital Administration program for many years. Mr. Anthony DeLuca, administrator of Griffin Hospital notes that "the affiliation is especially important to Griffin Hospital because it provides a way for the exchange of ideas on the public health and administrative theory of the academic setting and for the practical application of such knowledge in a community hospital. The students benefit from participating in special projects at the hospital, and Griffin in turn benefits from the student assistance and faculty advice."

Undergraduate Medical Education

Yale medical students are encouraged to spend a period of time at Yale affiliated hospitals to complement their experiences at the medical center. During the 1978-79 academic year, more than one-third of the second-year medical students spent time in an affiliated hospital as part of the course "Introduction to Clinical Medicine."

Yale medical students generally are not assigned to clerkships outside the greater New Haven area. Increasingly, however, students are electing to do a clerkship at an affiliated hospital. The experiences of other students often influence the decision. Yale medical student Daryl Browne valued his medical clerkship at Danbury Hospital for the close contact he had with his supervising physician, Dr. Joseph Belsky, the chief of medicine, and for the responsibility he was given in patient care. The interest in teaching among the hospital attending staff created a very positive attitude toward the practice of medicine for him. Deborah Dyett describes her surgical clerkship at The Hospital of St. Raphael similarly, noting that she was "exposed to a wide variety of surgery and had contact with attending staff and house staff who really took the time to teach."

Recruitment of Faculty to Community Hospital

One of the legacies of the regional medical program in strengthening the quality of medical education at the community hospital was the appointment of full-time chiefs in major departments. Yale faculty serve on search committees to select full-time chiefs of service and aid in the recruitment of other medical staff to the community hospital. According to Dr. Spinelli, "the most valuable role of the Yale representative on such a committee is the evaluation of specific candidates under review, whose qualifications, personality, and modus operandi can be summarized. In addition, it is an invaluable service to have candidates referred who are known to the Yale faculty to be seeking positions in a community hospital." As of 1978, the existence of 80 full-time chiefs in the twelve community hospitals affiliated with Yale has increased the opportunities for high quality training and patient care in these hospitals. In addition to the full-time chiefs, nearly 280 full-time physicians were on the staffs of the Yale affiliated hospitals.

Physicians from the affiliated hospitals participate regularly in various grand rounds at Yale. The regional program and participation by affiliated hospital surgical staff in surgical grand rounds have provided excellent education programs, according to Dr. Arthur E. Baue, chairman of the department of surgery at Yale.

The executive officers and administrative staff of the Yale affiliated hospitals have provided invaluable faculty expertise to graduate students in Epidemiology and Public Health through their support of numerous multi-hospital programs in education, patient care, and research, in which students participate.

Regional Programs

The affiliations between Yale and the hospitals played a role in the development of regional programs in training, patient care, and research. Among the ongoing multi-hospital programs are the:

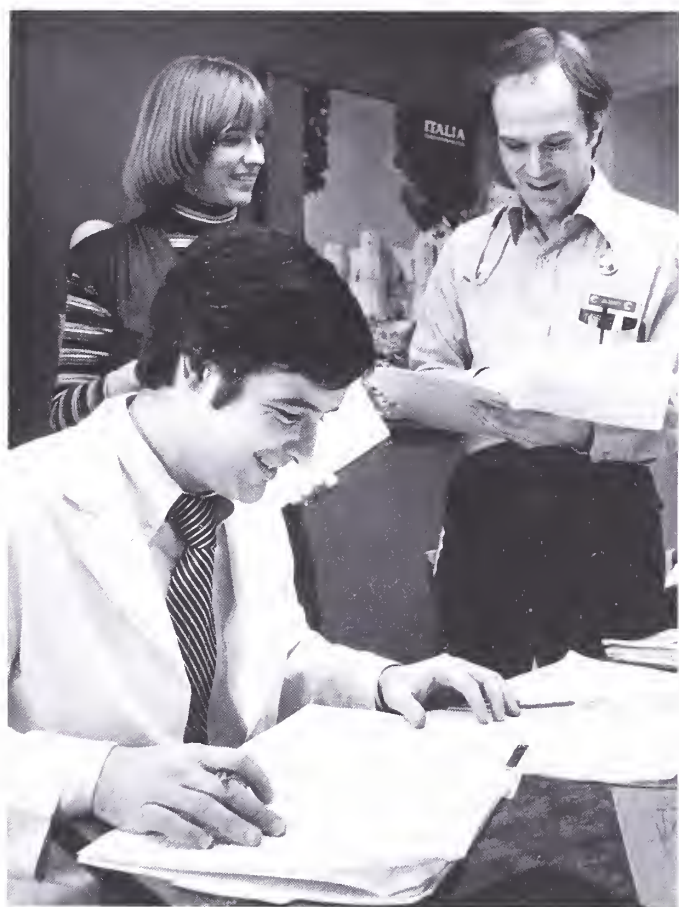
- Burn Center
- Cooley's Anemia
- Gastrointestinal Tumor Study Group Program
- Genetics Clinics
- Regional Juvenile Diabetes Center
- Regional Perinatal Program
- Sickle Cell Anemia
- Spinal Cord Trauma Injury Program
- Therapeutic Radiology Program
- Yale Affiliated Gastroenterology Program
- Yale Comprehensive Cancer Center Program
- Yale High-Risk Obstetrical Clinic
- Yale Renal Diagnostic, Teaching and Consultation Program
- Yale Urolithiasis Stone Center

The above programs support research on the epidemiology, process, and outcome of disease, for the benefit of the larger population in the communities served by these hospitals and the medical center. As noted by Dr. Dwight Miller, chief of pathology of St. Mary's Hospital, "the regional system, with affiliated community hospitals from which patients are referred, gives the tertiary care center its impact. Medical care technology has progressed to the point that there has to be regionalization. The partnership between the affiliated hospital and the medical center must be developed on many levels. It needs to be enforced at the working level, by house officers and their attendings at the Medical Center in their interaction with community practitioners on behalf of patients who are referred."

Each affiliation between Yale and a community hospital generates a different level of activity. The challenge to the School of Medicine and to the affiliated hospitals is to strive for a partnership which emphasizes the strength of each institution. A climate must be maintained in which the regionalization of services can be planned and applied for the benefit of the patient, and in which the affiliations benefit the continuum of medical education.

A Special Program to Help Juvenile Diabetics

"Insulin is not a cure—please help us find one" . . .
message on a bumper sticker from the Juvenile Diabetes Foundation



Members of the Children's Diabetes Center team, Dr. Tamborlane, left, Ms. Hillemeier, and Dr. Thomas DeWitt, a third year resident in pediatrics, review a patient's progress

Until this appeal is realized, children with diabetes must learn to live with their disease — coping with daily insulin injections, urine-testing, and record keeping, as well as strict regulation of diet and exercise. This can be rough during the growing-up years, when “being just like everyone else” is the key to peer acceptance and social success.

It's hard on parents as well. Even families noted for their togetherness can show the strains of adjusting often long-standing life styles to meet the routine of diabetic treatment.

Last year, Connecticut became the second state (after Florida) to establish a program for children with diabetes, when the State Legislature authorized an appropriation of \$130,000 to the State Department of Health to establish and administer two regional centers to provide counseling and health services to the estimated 1500 to 2500 diabetic children in Connecticut and their families. The centers are at the Yale School of Medicine, under the direction of Dr. Myron Genel and Dr. William V. Tamborlane, Jr., and at the University of Connecticut School of Medicine, under the direction of Dr. David Rowe and Dr. Susan Ratzan.

The program was developed in the Yale Section of Pediatric Endocrinology by Dr. Genel, who is program director of the Children's Clinical Research Center at Yale. Modeled in part on the Florida program, it consists of a team at each center of three physicians, a nurse specialist, social worker, dietician, lab technician, and administrative coordinator. Their objective is to educate the young diabetics and their families, with the ultimate goal of helping the patients to care for themselves.

Dr. Genel emphasizes that the program is designed as a resource to supplement, not replace, the primary physician. “Despite the relatively large number of patients in Connecticut, diabetes in children occurs infrequently in the practice of any one physician or group practice,” he explained. “It is unrealistic to expect that counseling and education can be done effectively and economically by practicing physicians, or for that matter, by the community hospitals. Their primary responsibility is the diagnosis and treatment of acute medical problems.”

Diabetes in childhood is a result of an absolute deficiency of insulin. The requirements of the treatment can have a tremendous impact on school and social activities, as well as life-long consequences for a child who is growing and developing both physically and emotionally.

"While other chronic diseases in childhood have immediate effects on physical and psychosocial development, diabetes is unique in the necessity for active participation of both the patient and parents in the day-to-day treatment program," according to Dr. Tamborlane. "Inadequate education and guidance or poor adjustment to the disease on the part of either, can lead to severe physical and psychological problems. Furthermore, studies have demonstrated that educational programs for the entire family are equal in importance to the medical management of diabetes, in improving control of the disease."

The services of the Children's Diabetes Center at Yale are available to all children with diabetes in Connecticut and their families, at their own request, or on referral from local health agencies or primary physicians. After admission to the program, patients are hospitalized for a brief time, and then are seen periodically at the Juvenile Diabetes Clinic on an outpatient basis.

During their stay in the hospital they receive a comprehensive medical evaluation by the team physicians, Dr. Genel, Dr. Tamborlane, and Dr. Paul Goldstein. With special training and experience in primary pediatrics and pediatric endocrinology, the doctors are exceptionally well-qualified for the requirements of this kind of program.

While they are in the hospital, the young patients and their families are involved with members of the juvenile diabetes team in a 15-to 20-hour program of education and counseling geared to the needs and educational background of the individual family. After a simple description of diabetes and the mechanisms of basic glucose metabolism, they learn how insulin acts, and why it, and diet regulation are so necessary to treatment. Careful instructions are given on insulin injection and urine testing for glucose, as well as on how to recognize and manage insulin reactions. For future reference, each family receives an instruction book, written and illustrated in the uncomplicated style of an elementary school textbook, which includes all of the information covered in the program.

The book, like the program, is upbeat, emphasizing that "with a little extra attention to your health, having diabetes should not interfere with any aspect of your life." Understandably, when the patient first leaves the hospital and begins treatment at home, this promise seems pretty remote. Giving the first insulin injections can be a traumatic experience for many; coping with the daily scheduling and diet, can be a nightmare for others.

"How can I, with no medical background, acquire the skills to give insulin shots, to recognize the reactions, and the steps to offset them with the necessary speed?" one mother wondered at the beginning. "Each day revolves around the clock, there is constant checking of times of meals, times to snack; seeing whether enough food has been eaten to prevent insulin reaction; and to cover strenuous exercise," she added. "These are things which cannot be determined in the hospital setting, because there chil-

dren don't behave as they normally do."

Marianne Hillemeier, the pediatric nurse practitioner on the team, is responsible for the diabetic education program. Although the purpose of the initial education and counseling sessions is to prepare for home management of the disease, she realizes that most families will experience apprehension, frustration, and even fright when they are first on their own. For this reason, she is available as long as she is needed, and it is not unusual for patient or parent to call her at her home, long after clinic hours are over, or early in the morning.

"I cried all day when I learned my son had diabetes, and I was practically a basket case while he was here in the hospital," a mother confessed recently. "I didn't see how we could possibly cope. I called Marianne every day, sometimes twice a day, for the first few weeks. With her help, we realized we could do it on our own, and now life is back to normal."

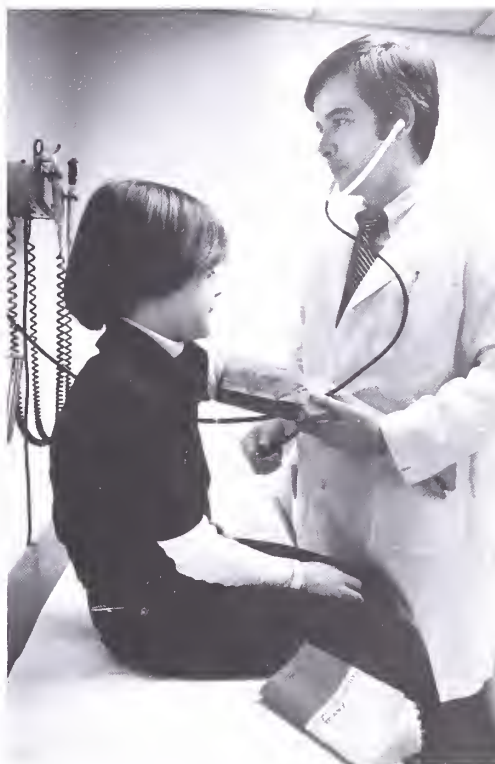
This mother and her son are among the 130 families that make periodic visits to the Juvenile Diabetes Clinic in the Yale-New Haven Hospital. It is obvious from the affection shown by the children for Dr. Tamborlane, Ms. Hillemeier and others on the team, that the program is more than a routine evaluation of medical progress. As one parent remarked, "The visits are more like a family reunion than a medical checkup."

Food, quite logically, is an important topic at the Monday clinic meetings. "Kids have to be like everyone else in order to feel socially secure," one parent explained. "This means things like wearing the same kind of clothes and eating the same kind of food. For little kids 'food' means peanut butter and jelly on squishy white bread, chocolate milk and chocolate chip cookies; and everyone knows that if left on their own, most teenagers would eat nothing but junk food. Most of this is taboo for a diabetic," she pointed out. "What makes it really hard on diabetic children is that almost all of a young person's social life revolves around eating—from Halloween trick and treating to birthday celebrations and slumber parties."

Nimi Auerbach, the dietician in the program, knows this. "What do you like to eat?" she asks young patients. In her quiet, understanding way, Ms. Auerbach explains the basics of good nutrition, and such things as the necessity for keeping carbohydrates and fats to a minimum, and the importance of eating on schedule. Then, after a careful evaluation of the patient's nutritional needs, she plans menus that fit within the particular tastes of childhood, and which can easily be incorporated into the normal diet of the family.

Her object is to encourage children to enjoy food and the sociability that often goes with eating, and at the same time, establish nutritional guidelines. "Although diet is a big part of diabetes treatment, it doesn't have to be grim," she noted.

The need for normalcy is extremely important for a child with diabetes. "I feel like a freak," is the sad cry heard frequently, according to Sylvia Laviestes, the social



Mary Sause (above), who is ten years old, has been a patient in the program since 1973. An active 4th-grader who plays baseball and football, and loves to swim, Mary has learned how to give herself insulin injections. Next to her on the examining table is a diary in which she records the results of urine tests and other pertinent information which Dr. Tamborlane, right, will review during her visit to the clinic.

Medical checkups are a part of the outpatient program. Above left, Dr. Paul Goldstein examines Mary's eyes.

Nimi Auerback, the program dietician, seated far right, discusses a diet plan with Mrs. Sause and Mary.



Joel Mastrobattisto, who is seven, is new to the program. He and Sylvia Lavieta, social worker on the team, are having a pleasant chat about Joel's activities while he and his mother wait for the results of his checkup

worker on the team.

The best medical treatment can be undermined by poor psychosocial adjustment. Teenagers, who are first diagnosed as diabetics just as they are beginning to feel the need for independence from their families, are often the hardest hit. They either deny that they have the disease, or overreact with tremendous fears of mutilation or impending death.

More than at any other time in life, adolescence is a time when people tend to act out their feelings, and treatment for diabetes offers some rather dramatic possibilities for drawing attention to oneself. Injection of too much insulin or skipping meals can result in loss of consciousness and seizures; failure to take insulin, a common cause for re-admission to the hospital, can result in dehydration, acidosis or coma. Unfortunately, the long-term consequences of poor adjustment can lead to major psychiatric disturbances, behavioral problems, and failure in school or on the job.

Ms. Lavieta, working both with patients and their parents, tries to avoid these pitfalls by stressing that the children are not abnormal, and that by following a few rules, having diabetes need not drastically alter their lives or the lives of their families. By encouraging them to express their feelings about the illness, she is able to help them resolve many of the problems they have.

Group meetings have proved quite successful in counseling. Ms. Lavieta and Ms. Hillemeier meet from time to time with several parents or a small group of adolescent diabetics for informal discussions of problems confronted or problems solved. Often, when frustrations and anger are vented, the participants find that they are not alone. The result is a sort of mutual support system which diminishes many of the anxieties connected with diabetes.

A measure of the effectiveness and need for the Juvenile Diabetes Center Program is the fact that since the clinic at Yale was started in January 1976, participation has increased. Growth development and biochemical data indicate that diabetic control of the patients who have been in the program since the time of initial diagnosis, has been good. There have been few readmissions to the hospital for uncontrolled diabetes over the two years of followup evaluation. Only one patient required a one-day hospital admission due to a low blood sugar problem.

Based on their experience, and that of the Florida program, Dr. Genel and Dr. Tamborlane are excited about the long-term possibilities for programs of this kind. It is their hope that the Connecticut Program for Children with Diabetes will continue to attract funds necessary for its operation, and that it will serve as a model for similar programs in other states.

A History of the Hill Health Center

by Robert H. Kilpatrick

Mr. Kilpatrick is Information Specialist at the Hill Health Center.

The Hill Health Center celebrated its tenth anniversary on December 2, 1978. Special tribute was accorded Cornell Scott, its executive director since 1972, who received his M.P.H. degree from the School of Medicine in 1968.

Planning and Action

The Hill neighborhood, notwithstanding the presence of one of the nation's greatest medical centers, had by the end of the sixties absorbed so much poverty, due to immigration and urban redevelopment, that the quality of health care for its 20,000 residents was questionable.

The health of the residents was just one of the many issues that concerned this volatile neighborhood. The common thread that connected all the issues was distrust of the White establishment in all of its manifestations—the School of Medicine and the hospital being no exceptions.

Agitation from Black militants in the neighborhood could not be ignored because it had become part of a national rebellion. A riot in Detroit, for instance, produced eerie reverberations in New Haven and emboldened local agitators. Detroit's problems may have been on a grander scale than New Haven's, but they weren't much different.

In this atmosphere conciliatory gestures from the establishment were scorned by "Black-power" militants. Suddenly, it wasn't good enough to try to provide better health care; the more important question was, "Who is going to control health care?"

Fortunately, a mechanism was beginning to develop that touched upon both the quality and control of health care—it was the neighborhood health center. But better than that, given the tension of the times, there were people in the Hill who were willing to talk, people like Arlyne R. Dildy and the Reverend Daniel Collins. And there were members of the White establishment who were willing to listen, such as Doctors Nelson Ordway and Max Pepper.

However, meetings between the representatives of the neighborhood and the medical school-hospital were not always harmonious as plans for the Health Center were laid. There was tension and distrust, too. The issue of control concerned the neighborhood, while the medical school people were anxious about the quality of care. "We told them we wouldn't open the doors (of the Hill Health Center) unless we got our way," one of the neighborhood participants recently recalled.

It was a leap of faith for all concerned, and as events turned out, a justified leap. The neighborhood people began to feel better about Yale when Yale representatives

joined them in a trip to Washington and fought along side them for funding for the fledgling Center, and Yale saw that the people from the Hill were not all rhetoric and agitation. Hill residents took their work seriously, often meeting until 2 a.m. to work out the multitudinous details involved in opening a new health center.

The question of control was solved ingeniously. Much of the day-to-day operations were handled by Dr. Alvin Novack and Barry Solomon, two men who, while sympathetic to the Hill, were not of it. The neighborhood people took control of a crucial area-hiring. The neighborhood-dominated Personnel Committee had the power to reject job applicants whom it felt were unsuitable. It also gave preference to Hill residents. This committee still functions and still interviews all job applicants.

The new Center's first assignment was to give physicals to Hill children going to camp in the summer of 1968. Neighborhood residents were running the camp, too.

New Concepts

The Hill Health Center was one of the first neighborhood health centers established by federal grants, thus much of what went on inside the renovated garage it occupied on Columbus Avenue was innovative. We shall mention two: the team and the community health worker.

The health team, separated into clinic and field components, gave a flexibility and continuity to health care that was missing in other settings. The team, which brought doctors, nurses, social workers, public health nurses, psychiatrists, and community health workers into a single functioning unit, met twice a week to coordinate family care, plug up gaps and focus the experience of various disciplines in a family-oriented practice.

Community health workers were "new professionals", who went through a four-month classroom training period designed by Cornell Scott, who was then Director of Training. As patient advocates, they helped bring down the barriers between patients and providers. As neighborhood residents, they could speak the language and understand the customs of Hill residents, especially those whose backgrounds were the rural south or Caribbean Islands. The CHWs were trusted by residents, which meant that they found themselves in many different positions of responsibility—assisting doctors and nurses taking vital signs and health histories; working with public health nurses making home visits; and registering families, to name just a few. The Center always encouraged the CHWs to work their way up in the health field; one, for instance, became a physician assistant.



Of HHC's 65,315 total patient visits in 1977, 10,693 came for dental procedures

Breaking Barriers

In order to make health care accessible, the Center decided at an early stage to offer transportation to patients, not only to and from the Center, but also to Yale-New Haven Hospital if X-rays were needed, or to a specialist's office for those times when secondary care was required. Parents were encouraged to bring their children and leave them in the supervised child care room.

Hispanic residents were pleased that there were interpreters and Spanish-speaking staff. Working families found evening and Saturday hours convenient. Everyone, particularly mothers and older people, were comforted knowing that HHC doctors and mental health staff were only a telephone call away on nights and weekends. Best of all, care was free for children of financially eligible families in the Hill.



That year, the HHC staff performed more than 7,700 obstetric/gynecology procedures

Responsive Programs

HHC was never stagnant. New programs and new services were continually developed to insure that HHC was abreast both of national developments and neighborhood needs.

One such development was the addition of adult medical services a few years after the Center opened. Then came the WIC (Women, Infants & Children) program, a kind of nutrition headstart program which brings nutrition counseling and free nutritious foods to pregnant and nursing mothers and children up to the age of five. The government started and continues WIC—despite some political opposition—because of the discovery that proper nourishment is vital to the intelligence of infants, lacking which children tend to be slower learners.

The Early Stimulation Program was developed to help pre-school age children who showed signs of slow learning. This program was started by the Association for Retarded Citizens and assumed by HHC. Now funded by the Community Development Act, ESP provides intensive educational and health services to children from throughout New Haven.

Another of the new programs was a response to the rising rates of pregnancies and abortions in young teenagers. Realizing that the generation gap starts to widen in these early teenage years, the Center located the TAPP (Teenage Pregnancy and Parenting) Program in a separate, home-like facility and brought in a staff able to relate to adolescents.



More than 4,000 immunizations were administered by HHC professionals

Expanding Horizons

In the past three years, HHC has opened two satellite centers. Project REACH (Reaching Elderly Americans with Comprehensive Health) was located in a central city apartment building for the elderly and handicapped. Its aim is to make it easier for low-income elderly residents of New Haven to use and afford health care.

The Hill-West Rock Community Health Center made primary care accessible to residents of the geographically isolated West Rock neighborhood. West Rock also examines all prospective CETA (City Employment Training Administration) workers and makes primary care available to all city residents.

These "extensions" of HHC seek to make high quality health care available to other low-income populations outside the Hill, but also welcome individuals and families of any income. There are growing pains, of course, and there is a constant tension between the urge to grow and the need to maintain high quality care.

Future Directions

Much energy in the future, as in the past, will have to be devoted to maintaining services that are constantly threatened in the ever-changing atmosphere of national politics and economics.

The two most important goals for the future are to build a larger and more attractive facility and to establish a pre-paid system, which would reinforce the Center's mes-

sage of prevention. Both of these goals will require the cooperation and active assistance of the private and public sectors of society. But the fundamental determination to accomplish them must rest with the patients and their representatives on the Hill Health Center Corporation, the Center's neighborhood-controlled Board of Directors.

25 Years of Service

Marching bands, a ribbon-cutting ceremony, a dinner dance and other festivities marked the celebration on September 13th of the 25th Anniversary of the Veterans Administration Medical Center in West Haven. The facility was built in 1953 on the site of the William Wirt Winchester Hospital, originally constructed in 1918 as a tuberculosis facility for the community.

The modern history of the Medical Center begins in 1948, when the property was purchased by the federal government for construction of a new hospital to provide treatment for veterans. Ground-breaking ceremonies were held on February 26, 1950, and the hospital was formally dedicated on September 13, 1953.

The medical services of the Center have expanded tremendously since the first veteran was admitted. The use of outpatient treatment to obviate the need for hospitalization has resulted in an increase in ambulatory care. To facilitate this service, an ambulatory care building was recently added to the medical center complex.

The dedication ceremony for the new Ambulatory Care Building included comments by Albert Blecich, director of the Medical Center, and a keynote speech by Dr. Thomas J. Fitzgerald, associate deputy chief medical director for operations of the VA Department of Medicine and Surgery. The mayors of West Haven and New Haven, and Dean Robert W. Berliner and Deputy Dean Arthur Ebbert Jr., representing Yale University, also participated in the ceremony.

In his comments, Mr. Blecich discussed the VA Medical Center's progress over the past twenty-five years. "This growth was not accomplished in a 'VA Vacuum'", he said. "It could only have been accomplished with the help of VA affiliates, particularly the Yale University School of Medicine."



Ribbon cutting by Dr. Robert Gifford, (second from left) assistant chief of staff for ambulatory care, completed dedication of the Ambulatory Care Building. Watching are Dean Berliner, Mr. Blecich, and Dr. Fitzgerald. In the evening, 300 employees, volunteers and their friends attended a 25th Anniversary dinner dance at the Knights of Columbus Hall in West Haven.



Aerial view of the Veteran's Administration Medical Center in West Haven

The two institutions established an affiliation agreement in 1953 which has resulted in teaching programs for medical students and integrated residency programs with Yale-New Haven Hospital. In his congratulatory message, Dean Berliner commended the affiliation. "Throughout its entire twenty-five years the West Haven Veterans Administration Hospital has had a close and mutually beneficial association with this School of Medicine. During that time the Hospital has steadily improved and expanded its medical services, and its educational and research programs. Today it has become justifiably recognized as one of the finest hospitals in the VA system. We are proud to be associated with this institution which has compiled such an outstanding record of service to the veterans of Connecticut. We look forward in the years ahead to a continued close working relationship with the West Haven Veterans Administration Hospital to assist in carrying out the educational and research missions and in providing high quality medical services."

As part of the 25th Anniversary celebration, a series of guest lectures were held throughout the year. This *Silver Series Symposia* was arranged by Dr. Raymond Yesner,

who is one of the original members of the VA staff. Speakers included Dr. Rosalyn Yalow, 1977 Nobel Laureate in Medicine and director of the Berson Laboratory at the VA Medical Center, Bronx, N.Y.; Dr. Morton Kligerman, director of the University of New Mexico Cancer Research and Treatment Center; Dr. Oscar Auerbach, senior medical investigator and Distinguished Physician, VA Medical Center, East Orange, N.J.; Dr. J. William Hollingsworth, chief, Medical Service, VA Medical Center, San Diego, California; Dr. Ludwik Gross, chief, Cancer Research Unit, VA Medical Center, Bronx, N.Y.; and Virginia B. Longest, director, Nursing Service, VA Central Office, Washington, D.C.

The VA Medical Center published a brochure, *25 Years of Progress*. Copies may be obtained by writing to the Assistant to the Chief of Staff, VA Medical Center, West Spring Street, West Haven, Connecticut 06516.

Dr. Van's Fabulous Collection

by Ferenc A. Gyorgyey

Mr. Gyorgyey is historical librarian, Yale Medical Library



An Oriental "doctor's lady"

Elephant folios, 16th century volumes bound in vellum, ivory manikins and old surgical instruments, capable of warming the hearts of bibliophiles, medical historians and art connoisseurs; an extraordinary gift became part of the Yale Medical Library.

The architect of this more than 300 volume collection, the late Dr. Gertrude van Wagenen, was a pioneer in the field of reproductive endocrinology. She wrote two books, *Embryology of the Ovary and Testis*, and *Postnatal Development of the Ovary*, and 120 scientific papers. Dr. Van, as she was called, joined the Yale Medical School in 1931. She established a colony of Macaque monkeys and developed this into one of the foremost primate research centers in the world.

This wondrous collection is the gift of Mr. Anthony Van Wagenen of Sun City, Arizona, brother of Dr. Van. His generosity gave physicians, scholars, and students of Yale and the world of medical history, a collection which in our times is almost impossible to obtain. It is one of the most important gifts in the annals of the Yale Medical Historical Library.

How did Dr. Van's fabulous collection come about? Macy's doesn't tell Gimbel's, and bibliophiles, too, are loth to share their secrets; it is not easy to follow this collector's progress. We know that Dr. John F. Fulton was her most important advisor. Dr. Fulton also had many of her books cataloged in the library; he was a good friend of Dr. Van's and hoped that one day the volumes would find their places beside his own on the shelves of the Historical Library.

Dr. Van collected in Europe in the late 1920s and '30s. The dusty rooms of rare bookdealers were not her only hunting ground. Since she was interested in books with anatomical plates, the art market, not usual territory for bibliophiles, must have brought a rich harvest. This was one of her secrets; she frequented art shops and antique dealers, where one could find old books which fit in with the antique ambiance. She must have picked up quite a few well illustrated volumes in those places. Also, in the thirties, Hitler's shadow started to loom over Europe, and very possibly people planning to escape were happy to market their books and find good homes for them.

Among the objets d'art, there are three ivory manikins. A man and a woman, probably 17th century French, lie on lace hemmed pillows. Their arms are movable and the outer walls of the abdomen open and reveal the organs and, in the case of the woman, a finely carved fetus. The third figurine, a woman, also pregnant, has German features and most likely comes from the same period. Two oriental dolls join this delicate company; they were called "doctor's ladies." Modest Chinese matrons, hiding behind a curtain, pointed to the parts of the ivory body indicating where the pain appeared on their own, when physicians made a call to their home.

There are two larger cloth dolls, most likely from Italy — a young, and an older woman showing the unmistakable signs of goiter. Dr. Van lived for two years in Graz, Austria and may have travelled to Italy to secure these rare objects. (*illustrated on the cover*)



Mary Elizabeth Feeney, head librarian of the Medical Library, and Mr. Gyorgyey examine a folio from Anatomie generale



Ivory manikins, probably 17th century French



An ivory manikin, probably 17th century German

Among the books there are two different editions of Galen's *Opera omnia*, published by the great Venetian firm, Giunta. Six volumes each, published in 1550 and 1586 respectively, it is a compilation nearest to a total knowledge of medicine. Galen knew everything, and it had been believed for more than a millennium that there was nothing worth knowing besides the contents of these volumes. But it was the middle of the sixteenth century, and a young man named Vesalius shattered the Galenic structure of medical science in 1543 with his book *De humani corporis fabrica*. The second Basel edition of 1555 is in the van Wagenen collection, a revolutionary and artistically beautiful work.

Vesalius, while dethroning Galen, still did not doubt the value of his teaching, and contributed three pieces to the Giunta edition. This was one of the reasons that Miss Madeline Stanton, the historical librarian, went to investigate the above mentioned tomes on Dr. Van's shelves. She wrote in 1943:

Dear Van: Thank you very much for letting me see your Galens . . . the earlier edition—Old Roth (Moritz Roth, author of *the Vesalius biography*, the only one for many decades) had never seen a copy, and said so. Neither had HC, (Dr. Harvey Cushing, author of the *Bio-bibliography of Andreas Vesalius*), so he let his fancy play over the possibilities . . . very often incorrectly.

The folio volumes bound in vellum are here now, and can be investigated.

Realdus Columbus, one of the discoverers of pulmonary circulation and successor to Vesalius, is represented by his rare book *De re anatomica* 1559, in which he describes the workings of the pulmonary, cardiac, and aortic valves. The early decades of the 17th century bring Casserio with his *Tabulae anatomicae*; its copperplates are considered the most beautiful of the period. The end of the same century greets us with two massive volumes of Loder's *Anatomische Tafeln*, intended to display "all the best representations then known in all different branches of anatomy." Caldani's *Icones anatomicae*, the second largest collection after Loder, also gives the best anatomical illustrations of the past masters. It is an item for which the library was the lower and unsuccessful bidder at an auction in 1975.

Jean Jacques Manget's *Theatrum anatomicum*, of 1716, was another prize in the sour grapes category. A member of the Historical Library staff eyed it wishfully on the shelves of a Venetian rare book dealer in the early 1970's. Upon returning to New Haven he found that (although the dollar was much better then, and the lira already bad) with monies available, it belonged in the library's "desirable but too dear" category. Now it has arrived in the library as part of this magnificent gift.

Gautier d'Agoty was well represented at Yale, but now two immense volumes round out the collection: *Anatomie générale* of 1754, and *Exposition anatomique* of 1759.

The illustrations are the rare mezzotint color prints; they fold out to almost life size.

Huge tomes are surrounded by small leatherbound compilations not only in anatomy, but in other fields of medicine. William Harvey's *Exercitatione de generatione animalium* of 1651, for example, which according to Sigerist, was "enormously in advance of anything that had previously been written on the subject." The phrase "omne animal ex ovo", coined by Harvey, proved to be one of those winged inspirations which guide and fertilize subsequent research.

Books in surgery: Giovanni de Vigo's work, which advocated pouring oil in gunshot wounds, and Pare's work, which in turn discloses the damaging effect of this treatment; Paracelsus in his *Great Surgery* writes about the treatment of wounds and injuries of all kinds—burns, bites, fractures, etc.

Morgani's *De sedibus et causis morborum*, Venice 1761, is the beginning of modern pathological anatomy. It is one of the most important landmarks in the history of medicine. Among other topics, it contains descriptions of pneumonia, aortic insufficiency, mitral stenosis, and tuberculosis of the kidney.

These, and many other names of classical, medieval and "modern" authors mark the not so straight road which led to the expertise of today's physician. So many of them appear in this collection, with their great discoveries and tragic mistakes!

The beautiful volumes, collected by Dr. Van, and donated by Anthony Van Wagenen, are joining their colleagues in the Historical Library. Many other names should be mentioned, giants whose work toward healing and knowledge are represented in the collection. Their efforts will be appreciated by readers who will handle the books in decades to come, and learn the thoughts of the masters of medicine.



in and about

Appointment of an Associate Dean for Continuing Medical Education Announced

Dr. James D. Kenney has been appointed associate dean for continuing medical education. He is associate clinical professor of medicine, and practices internal medicine and rheumatology in New Haven.

In his new appointment, Dr. Kenney will direct, coordinate and evaluate the School's continuing education program, which offers accredited post-graduate courses to physicians at the Yale-New Haven Medical Center, and at the Yale affiliated community hospitals in southern Connecticut. The program includes review courses and symposia, courses of interest to physicians in particular specialties, and periodic teaching conferences at the various hospitals. Under Dr. Kenney's direction, the School intends to expand and improve these educational activities.

Dr. Kenney, who was educated at The Taft School, Watertown, Connecticut, and The Leys School, Cambridge, England, received his B. A. degree from Yale, and his M. D. degree from Boston University. He had post-graduate training at Dartmouth, and at Georgetown University Hospital in Washington, D. C. He held postdoctoral fellowships in rheumatology at Buffalo General Hospital and in human and population genetics at the Galton Laboratory, University College, London.

Dr. Kenney is attending physician at Yale-New Haven Hospital and the Hospital of St. Raphael, as well as consultant at Griffin Hospital, Derby; Gaylord Hospital, Wallingford; Milford Hospital, and Sharon Hospital. He is a fellow of the American College of Physicians, and a member of the American Rheumatism Association, the American Medical Association, and the Heberden Society (Great Britain).

He is also a trustee of the Associates of the Yale Medical Library. For several years, he has been chairman of the Annual Review Course in Internal Medicine given at Yale. In addition to his administrative duties at the School of Medicine, Dr. Kenney will continue his private practice in New Haven.

Chairman Appointed for Section of Comparative Medicine

Dr. Robert O. Jacoby has been appointed director of the Division of Animal Care, and chairman of the Section of Comparative Medicine. Dr. Jacoby, who is an associate professor, succeeds Dr. Albert M. Jonas, who has been appointed dean of the recently established Tufts School of Veterinary Medicine.

Dr. Jacoby is a research scientist interested in animal models of infectious disease, and has written extensively on the subject. He received his D. V. M. in 1963 from Cornell University. From 1965 to 1969, he was a National Institutes of Health Trainee in Veterinary Pathology at Ohio State University, where he received a M. S. degree in 1968 and a Ph.D. in 1969.

He was a NIH Special Postdoctoral Fellow in the Department of Pathology at the Pritzker School of Medicine, University of Chicago, for two years prior to his appointment at Yale in 1971, as assistant professor and head of the Pathology Unit, Section of Comparative Medicine. The following year, he was named director of training in the Section. In 1976, he was appointed assistant chief of the Section, and assistant director of the Division of Animal Care; he was promoted to associate professor in 1977.

Dr. Jacoby is a member of Phi Zeta National Veterinary Honor Society and Sigma Xi; as well as of the American College of Veterinary Pathology, the International Academy of Pathology, and the Faculty of Discussants, C. L. Davis Foundation for the Advancement of Veterinary Pathology. He was recently named associate editor of *Laboratory Animal Science*.

Dr. Reiser Appointed Charles B. G. Murphy Professor

Dr. Morton F. Reiser, a leading authority and educator in psychosomatic medicine, has been named the first Charles B. G. Murphy Professor of Psychiatry. He has been professor and chairman of the Department of Psychiatry since 1969.

The Charles B. G. Murphy Professorship was established by a gift from the estate of Mr. Murphy, who died in 1977. A member of the Yale Class of 1928, Mr. Murphy was a businessman and philanthropist. A major benefactor of psychiatric research, he founded the Social Research Foundation, which, with Yale University, established the Foundations' Fund for Research in Psychiatry. In the early 1950s Mr. Murphy created the Wood Kalb Foundation, which later merged with the Social Research Foundation.

Dr. Reiser received both a B. S. degree and an M. D. degree from the University of Cincinnati. He was an intern at the Long Island Medical College Division of Kings County Hospital in New York and a resident in internal medicine and in psychiatry at Cincinnati General Hospital.

Appointed to the faculty of the Albert Einstein College of Medicine in 1955, Dr. Reiser was associate professor and director of research. He was promoted to professor of psychiatry in 1958. While at Albert Einstein, he was also a lecturer in psychiatry at the State University of New York, Downstate Medical Center, and chief of the Division of Psychiatry at Montefiore Hospital and Medical Center in New York City.

Dr. Reiser is a member of a number of professional societies, including the American Psychosomatic Society, the International College of Psychosomatic Medicine (president, 1975-1976), the American Psycho-Analytical Association, and the American Society for Clinical Investigation.

First Duberg Scholar Appointed

Dr. David L. Rutlen, assistant professor of medicine, has been named the first Duberg Scholar in Cardiovascular Disease. The Duberg Cardiovascular Research Fund was established at the School of Medicine last October by Mr. H. P. J. Duberg to support a young faculty member working in the field of cardiovascular disease.

In acknowledging Mr. Duberg's gift, Yale President A. Bartlett Giamatti said, "You may know that I have a particular concern for the younger faculty today, for our financial resources are too limited to support adequately those we most want to encourage and keep at Yale. I am very glad you have understood this problem, and are contributing to our Medical School in this way."

Dr. Rutlen's research is designed to assess the influence of myocardial infarction on the arteries and veins throughout the body. Such an assessment should provide a better understanding of how patients with heart attacks might be treated, and also how such attacks might be prevented. Support through the Duberg Cardiovascular Research Fund will provide Dr. Rutlen with a level of independence and the resources to permit the most rapid growth of his research program.

Prior to joining the Yale medical faculty in 1978, Dr. Rutlen was an instructor in medicine at the Harvard Medical School. He graduated summa cum laude from Dartmouth College in 1969, and received his M.D. degree from Harvard Medical School in 1973. Following two years of medical house-staff training at the Peter Bent Brigham Hospital in Boston, he was a clinical and research fellow in the cardiac unit at Massachusetts General Hospital.

Carden Scholars Named

Dr. Denis J. Miller and Dr. Frank J. Bia have been appointed the first George A. Carden Scholars at Yale. These awards, are for support of research of young investigators in immunology and virology. They are named in honor of Dr. George A. Carden, Jr., Yale College class of 1931 and Yale medical class of 1935, who is a prominent New York physician in the practice of internal medicine and a past president of the Association of Yale Alumni in Medicine.

Dr. Miller, who is assistant professor of medicine, received his medical education at the University of Cape Town, South Africa, where he earned recognition for his scholarship in several areas. He came to Yale in 1974 as a postdoctoral fellow in the Liver Study Unit, and was appointed to the faculty in 1976. He is working on the immunology of liver diseases, and has focused his research particularly on the immune factors of hepatitis B.

Dr. Bia, a postdoctoral fellow in laboratory medicine and internal medicine, is working in the field of virology. One of his research interests is the development of vaccines for use in Herpes virus infections. He graduated magna cum laude from Fordham University in 1967, and received an M.D. degree from Cornell University Medical College in 1971 and an M.P.H. degree from Harvard University School of Public Health in 1972.

Yale Alumni College in Genetics will be offered in June

An Alumni College on "Human Genetics: Implications for Medicine, Society and the Future" will be held at Yale on June 14-16. Sponsored by the Association of Yale Alumni in cooperation with the Department of Human Genetics, the program will offer a non-medical audience background information necessary to comprehend modern genetics.

To help in the understanding of the basis of genetic disorders and their consequences, this course will present new scientific information about genes, chromosomes, and the mechanisms of gene expression. The implications of this information for the identification and counseling of persons with inherited disease will be explained, as will be the relatively new field of prenatal diagnosis and fetal medicine.

A part of the program will deal with the controversial topic of genetic engineering, and the ethical considerations in genetic research and patient care. In addition to the lectures, participants will have ample opportunity to meet informally in small groups with the faculty, who are well-known for their contributions to new knowledge of human genetics.

Dr. Leon E. Rosenberg, professor of human genetics, medicine and pediatrics, and chairman of the Department of Human Genetics, and Dr. Edward A. Adelberg, professor of human genetics, will be course directors. The program will begin on Thursday evening, June 14, at 5:00 and will continue through lunch on Saturday, June 16. This includes cocktails and dinner with the faculty on Thursday and Friday.

Further information may be obtained by writing to Yale Alumni College, 901 - A Yale Station, New Haven, Conn. 06520.

The Medical Class of 1982

The 102 first year students who matriculated at the School of Medicine this September were selected from 3107 applicants. From this large number of applicants, the Committee on Admissions interviewed 625 and offered positions to 180. Seventy-eight of these withdrew to go elsewhere.

Of the 102 entering students, there are 69 men and 33 women. The class is quite varied in regards to students' backgrounds, colleges, majors, and interests in medicine. Eighteen come from minority groups. Two are foreign nationals. About 50 undergraduate colleges are represented in the class of 1982; the predominant colleges are Yale, Harvard, Stanford, Brown, and the University of California (all schools). The students come from 22 states, the District of Columbia, Puerto Rico, and from Guam, Honduras, and the West Indies.

Eighty-six of the entering students majored in science, 14 in the social sciences, and 24 in the humanities (many students had double majors). Some of the most frequent majors are biology, chemistry, biochemistry, psychology, history, and philosophy. Nine students hold a Ph.D. degree and two a

J.D. degree. Three students were accepted under the Early Decision Plan and four into the M.D./Ph.D. program. The grade point average of the entering class is 3.64 and the average MCAT score was between 10 and 11 for all parts of the test.

In addition to the above first year students, United States citizens studying in foreign medical schools were considered for admission with advanced standing to the second or third year (for background see "Congress Revises Health Manpower Law" in *Yale Medicine* vol. 13, No. 1, page 16, winter 1978). A total of 116 applications were received and of these 42 were interviewed by a special Admissions Committee. Seven students from this group have been admitted; two will enter the third year and five, the second year. These students come from the following foreign medical schools: Faculte Catholique de Medecine, Lille, France; Universidad Autonoma de Guadalajara, Mexico; U. Instelling Antwerpen, Antwerp, Belgium; Universite de Bruxelles, Belgium; Universidad del Salvador, Buenos Aires, Argentina.

University Receives Award to Process Public Health Papers

Yale University has received a three-year award from the National Library of Medicine to process and catalog manuscripts which have been deposited in the Contemporary Medical Care and Health Policy Collection in Sterling Memorial Library. Dr. Arthur J. Visel-tear, associate professor of public health and research associate in the history of medicine, and Lawrence Dowler, associate librarian developed the archives of important public health papers, which are the first of their kind to be assembled in this country.

Established by the Yale Corporation in 1975, the Contemporary Medical Care and Health Policy Collection was created to preserve for scholarly use the personal papers of individuals and institutions that have made lasting contributions to medical care and health policy in the United States. Current holdings include the papers of C.-E.A. Winslow; Ira V. Hiscock; Henry E. Sigerist; George Baehr; L.E. Burney; the Milbank Memorial Fund (1923-1965); the American Public Health Association's Subcommittee on Medical Care (1926-1948); E. Richard Weinerman; John P. Peters; George Darling; I.S. Falk, and others.

Additional manuscript collections are systematically being sought to add to this outstanding historical resource for the study of medical care and health policy.



Construction of the bridge across Cedar Street is well under way. Joining the Sterling Hall of Medicine and the Winchester wing of Yale-New Haven Hospital, the building will include offices and laboratories for the Yale Comprehensive Cancer Center and the Center for Human Genetics and Inherited Disease. Funding of the Human Genetics section of the project was completed recently by a grant of \$450,000 from the Charles E. Culpeper Foundation, Inc., of New York, and an award of \$150,000 from the Stone Foundation of Greenwich, Connecticut.

Faculty Notes

The 57th Annual Beaumont Lecture of the Wayne County Medical Society was delivered by **Dr. Howard M. Spiro**, professor of medicine, in Detroit on November 7, following a dinner in his honor. The title of his talk was "Peptic Ulcers—Then and Now."

Among a number of Yale medical alumni present were Dr. Carl Gagliardi ('50), who is currently president of the Society, and Dr. Conrad Lam ('32) a member of the Committee on Beaumont Lectures.

Three faculty members will be honored at this year's meeting in San Francisco of the American College of Physicians: **Dr. George Palade**, Sterling Professor of Cell Biology, will receive the ACP Award for his contribution to science as related to medicine; the William C. Menninger Award for distinguished contributions to the science of mental health will be presented to **Dr. Albert J. Solnit**, Sterling Professor of Pediatrics and Psychiatry; and **Dr. Gerald Klatskin**, David Paige Smith Professor of Medicine emeritus, will receive the Distinguished Teacher Award. The honors will be presented on March 26th.

Dr. Philip K. Bondy, professor of medicine, is chairman elect of the American Association for the Advancement of Science Section on Medical Sciences. Dr. Bondy is associate chief of staff for research and development at the West Haven Veterans Administration Medical Center.

Dr. Lawrence K. Pickett, William H. Carmalt Professor of Surgery and Pediatrics and associate dean for clinical affairs, has been elected chairman of the Connecticut Medical Board of Examiners. The Board administers the examinations by which physicians are licensed in the state of Connecticut and has additional power to adjudicate complaints lodged against Connecticut physicians and determine under what conditions a license could be suspended, revoked or reinstated. Dr. Pickett also serves as the chief of staff and vice president for medical affairs of the Yale-New Haven Hospital.

New Books by Faculty

Smith's Blood Diseases of Infancy and Childhood. Edited by Denis R. Miller, M.D., and Howard A. Pearson, M.D., *professor and chairman, Department of Pediatrics*. The C. V. Mosby Co. (St. Louis) 1978.

Double Duties: An Action Plan for the Working Wife. By Cynthia Sterling Pincus, Ph.D., *assistant clinical professor of social work in psychiatry*. Chatham Square Press, Inc. (New York) 1978. 204 pp.

The Embryogenesis of the Human Skull: An Anatomic and Radiographic Atlas. By Robert Shapiro, M.D., *clinical professor of diagnostic radiology*, and Franklin Robinson, M.D., *associate clinical professor of pathology and surgery*. Harvard University Press (Cambridge) 1978. 128 pp., illus.

Six Lives/Six Deaths: Portraits from Modern Japan. By Robert Jay Lifton, M.D., *Foundations' Fund for Research in Psychiatry Professor of Psychiatry*, Shuichi Kato, and Michael R. Reich. Yale University Press (New Haven) 1979. 320 pp., illus.

Recent Advances in Clinical Neurology — 2. Edited by W. B. Matthews, D. M. FRCP, and Gilbert H. Glaser, M.D., *professor and chairman, Department of Neurology*. Churchill Livingstone (Edinburgh) 1978. 208 pp., illus.

Adolescent Medicine in Primary Care. Walter R. Anyan, Jr., M.D., *associate professor of pediatrics*. John Wiley & Sons (New York) 1978.

Pediatric Trauma. Edited by Robert J. Touloukian, M.D. *professor of surgery and pediatrics*. John Wiley & Sons (New York) 1978.

Proposed Amendment to Constitution

The Executive Committee of the Association of Yale Alumni in Medicine is recommending an amendment to the Association's constitution for the purpose of including former postdoctoral fellows as members. So that the proposed amendment may be considered and voted upon at the annual meeting of the Association on June 2, 1979, it is being distributed in advance to the membership in this issue of *Yale Medicine*.

Amendment to Article I recommended by the Executive Committee (changes are indicated in italics).

Section 2 shall be amended to read:

The membership of this Association shall be made up of alumni of Yale University School of Medicine (including Public Health and Physician Associate programs), active faculty members, [and] those who have served on the intern or resident staff of the New Haven Hospital, Grace-New Haven Community Hospital, or Yale-New Haven Hospital, *and former postdoctoral fellows at the School*. All graduates of the Yale University School of Medicine [and] former house officers, *and former postdoctoral fellows* are eligible to vote and to hold office. In event of question regarding membership, the Executive Committee shall recommend policy to the Association and pass upon eligibility.

1929

The *Dr. Clarence Robbins Memorial Fund* has been established by the Tucson (Arizona) Visiting Nurse Home Health Services, on whose Board of Directors **Dr. Robbins** served for many years.

Russell Scobie recently received a bronze medal along with a letter from David F. Jordan, former corporation counsel for the City of Newburgh, New York, who is now U. S. Magistrate for the Eastern District of New York.

The letter said in part: "I have long thought that the City of Newburgh should have made some formal recognition of your contribution to the quality of American life in establishing proof of the benefits of fluorinated water. As a newcomer in town it was not my place to do this and Jim Taylor (former city manager) never had the chance. However, I want you to know that I, as an ordinary person, appreciate what you have done for us all.

"As a token of my esteem I enclose a medal issued by the International Medical Congress almost 100 years ago (1887). It has recently descended to me and I thought it should be more properly in the hands of a medical person. On the obverse is the profile of George Washington, and on the reverse is a relief of Hippocrates treating his patients. Just as George Washington, through Newburgh, made a lasting contribution to American government, so you, through Newburgh, have made a permanent contribution to American health.

"It is therefore appropriate that you have this medal. It will be a reminder that those of us who have received the benefits of your work have not let it go unnoticed."

Dr. Scobie, who was instrumental in pioneering water fluoridation in Newburgh and Kingston, New York as pilot cities, has since been recognized as an authority in the field, and has lectured throughout the world on the health benefits of fluoridation.

In November he received a Distinguished Service Award from the New York State Department of Public Health for his 35 years of work on fluoridation.

1935

After 37 years of continuous service as a pediatrician on the medical staff of New Rochelle (N. Y.) Hospital Medical Center, **James Haralambie** retired from active practice on December 31. To honor Dr. Haralambie, the Hospital invited Yale's Department of Pediatrics to present a symposium at the Medical Center, and following the program, to attend with his colleagues, a luncheon at which Dr. Milton Senn was a speaker.

Dr. Haralambie holds the title of emeritus clinical professor of pediatrics at the Cornell Medical School. His plans for the future include making a new home with his wife in Heritage Village in Connecticut and returning to school to study history and the humanities.

1944

In January, **Robert Cooke** was invested as the 16th president of The Medical College of Pennsylvania. Dr. Cooke was previously vice chancellor for health sciences at the University of Wisconsin (Madison) and had served earlier on the faculty of Johns Hopkins University School of Medicine. He is a pediatrician nationally known for his contributions to the field of mental retardation.

1949

Lawrence Shulman has been named associate director for the Arthritis, Bone and Skin Diseases Program at the National Institutes of Health in Bethesda.

1955

In May **Sherwin Nuland** was appointed literary editor of *Connecticut Medicine*, the journal of the Connecticut State Medical Society. He has served on the journal editorial committee since 1975. In this newly created position he will assist in preparing editorial content of the journal, particularly the scientific section.

Dr. Nuland, an assistant clinical professor of surgery at Yale, is attending surgeon at Yale-New Haven Hospital and The Hospital of St. Raphael. His special interest outside the field of surgery is medical history. He is president of the Beaumont Medical Club and a member of the Board of Managers of the *Journal of the History of Medicine and Allied Sciences*.

1963

Lee Goldberg, clinical assistant professor of medicine at the University of Miami School of Medicine, has been listed in the new 16th edition of "Who's Who in the South and Southwest." He has simultaneously served as co-chief of endocrinology at Mt. Sinai Hospital, chief of internal medicine at South Shore Hospital, and associate chairman of medicine at St. Francis Hospital, in Miami Beach.

1966

Anthony Robbins, formerly executive director of the Colorado Department of Health, has moved to a new position in Washington where he is director of HEW's National Institute for Occupational Safety and Health.

Reynold Spector wrote recently that "although I was recently promoted to associate professor of medicine at Harvard Medical School, I have accepted a position here in Iowa as director of the Division of Clinical Pharmacology." Dr. Spector is currently professor of medicine and pharmacology at the University of Iowa College of Medicine in Iowa City.

1967

Announcement was made recently of the association of **James Dowaliby** and **Juan Hernandez** ('75 House Staff) for the practice of ear, nose and throat surgery, surgery of the head and neck and maxillofacial surgery. Their office is at 2 Church Street South in New Haven and Dr. Hernandez also has an office in nearby Ansonia.

1968

Following separation from the Air Force in which he held the rank of lieutenant colonel and was chief of flight medicine at Shaw Air Force Base in South Carolina, **David Millett** has joined Eastern Airlines as director of flight medicine. Primarily, he is responsible for the health and well-being of Eastern's flight personnel, pilots and flight attendants, but also assumes corporate responsibilities for the workers compensation area for the Medical Department.

A qualified navigator and copilot in the F-4 Phantom II jet, he serves as flight surgeon for the 915th Tactical Fighter Group, Air Force Reserve, Homestead Air Force Base, in addition to his duties at Eastern Airlines.

Bruce Schoenberg received the Southern Medical Association's Original Research Award at its Annual Scientific Assembly in Atlanta, in November. His research paper was entitled "Multiple Primary Malignant Neoplasms: The Connecticut Experience."

Dr. Schoenberg, head of the Section on Epidemiology at the National Institute of Neurological and Communicative Disorders and Stroke, in Bethesda, is a lecturer in the Department of Epidemiology and Public Health at Yale, and an instructor in the Departments of Neurology and of Medical Statistics and Epidemiology at Mayo Medical School. He is also a temporary advisor in the neurosciences program of the World Health Organization. Dr. Schoenberg is a member of the Board of Editors of the Southern Medical Journal and is a fellow of the following: American College of Physicians, the American Association for the Advancement of Science, the New York Academy of Sciences, and of the American Heart Association Stroke Council and Epidemiology Council.

1974

Albert Pottash writes that after completing his residency at Yale, he became medical director of Psychiatric Diagnostic Laboratories of America and associate medical director at Fair Oaks Hospital in Summit, New Jersey. He is vice president for applied research at Psychiatric Institutes of America in Washington, D. C., and is also a lecturer in psychiatry at Yale.

1975

Isaac Hoch announces the opening of his office in Northampton, Massachusetts. He will specialize in family practice.

Public Health

1951

Hector Acuna has been re-elected director of the Pan American Sanitary Bureau for a second four-year term. The Pan American Sanitary Bureau functions as the Regional Office for the Americas, World Health Organization.

1952

Anne Barlow Ramsay is the medical director, Hospital Products Division, Abbott Laboratories in Chicago, Illinois.

1967

A new book by **Dr. Steven Jonas** has been published by the W. W. Norton Co. of New York City. The book is entitled, "Medical Mystery: The Training of Doctors in the United States." It describes the central relationship between the health care delivery system and the medical education system, and discusses the responsibility of the latter for the problems of the former.

1969

Charles Jeffrey has completed a residency in anesthesiology at Massachusetts General Hospital in Boston and is now engaged in a fellowship program in surgical intensive care at the same institution.

Marva Serotkin is the director of Patient Services, Children's Hospital in Boston.

1973

Andrew Slaby wrote recently: "As of January 1, I will be psychiatrist-in-chief of Rhode Island Hospital and professor of psychiatry at Brown University."

NECROLOGY

- '06 M.D. Charles C. Murphy, August 9, 1978
- '22 M.D. Maurice Grozin, December 7, 1978
- ex '25 M.D. Samuel L. Saltzman, M.D. November 16, 1978
- ex '26 M.D. Clayton E. Holcomb, M.D. (date unknown)
- '27 M.D. Lee Pazow, (died recently)
- '27 M.D. Arthur E. T. Rogers, July 5, 1978
- ex '27 P.H. Philip S. Platt, September 25, 1978
- '29 M.D. Clarence L. Robbins, October 6, 1978
- '30 M.D. Edward F. Roberts, July 12, 1978
- '38 M.D. N. William Wawro, November 5, 1978
- '60 M.P.H. Mrs. Helen Huschke Swanson, May 15, 1978
- '63 M.P.H. Thomas F. Reilly, July 15, 1978

1979 Medical School Alumni Program

Friday, June 1

“SURGERY ’79” Annual Surgical-Alumni Seminar

Registration – Harkness Dormitory 11:15 a.m.

Lunch – Harkness Dining Hall 12:00 noon

Seminar – Fitkin Amphitheater 1:00–5:00 p.m.

ALUMNI PARTICIPANTS:

William G. Anlyan, M. D.
Nicholas A. Halasz, M. D.
Edward T. Krementz, M. D.
James A. O’Neill, Jr., M. D.
Benjamin F. Rush, Jr., M. D.
David B. Skinner, M. D.
Donald G. Skinner, M. D.

Reception and Dinner

(Registration information available from the Department of Surgery, 333 Cedar Street, New Haven, Ct. 06510.)

THIRD YALE ALUMNI IN OPHTHALMOLOGY

CONVOCATION – New Haven Lawn Club

Scientific Session 10:00 a.m.

Symposium and Business Meeting 1:30–5:30 p.m.

Social Hour and Dinner

“INTRODUCTION TO PARAPSYCHOLOGY”

(Sponsored by the Class of 1944)–The Dome Room,
Sterling Hall of Medicine 10:00 a.m.–4:30 p.m.
Moderator: Edith M. Jurka, M. D.

“OCCUPATION AND ENVIRONMENT: Investigative Research and Regulation”–

Harkness Auditorium 10:00 a.m.

Participants:

Eula Bingham, Ph.D., *Assistant Secretary for Occupational Safety and Health, U.S. Department of Labor*
Robert W. McCollum, M. D., *Susan Dwight Bliss Professor and Chairman of Epidemiology and Public Health*
Anthony Robbins, M. D., *Director, National Institute for Occupational Safety and Health*

YALE SCHOOL OF NURSING “22nd ANNUAL ALUMNAE COLLEGE” – 855 Howard Avenue

Saturday, June 2

Registration – Rotunda, Sterling Hall of Medicine

Coffee – Library Entrance, Sterling Hall of Medicine
9:00–11:00 a.m.

“The Yale School of Medicine, 1925–1979” 9:15–9:45 a.m.

Vernon W. Lippard, M. D.

Historical Library, Sterling Hall of Medicine

Seminars 10:00–11:45 a.m.

- I. “Adolescent Medicine at the Meridian”
- II. “Health Policy and National Health Insurance”
- III. “Hospice: The Experience and the Potential”
- IV. “Nurse Practitioners, Doctors, Physician Assistants: Changing Roles and Relationships”

ANNUAL MEETING OF THE ASSOCIATION OF YALE ALUMNI IN MEDICINE 12:00–12:30 p.m.

Welcome and introductory remarks

William L. Kissick, M. D., *President of the Association*

Robert W. Berliner, M. D., *Dean*

Harkness Auditorium

Sherry – Harkness Lounge 12:30–1:00 p.m.

Buffet Luncheon–Harkness Dining Hall 1:00–2:00 p.m.

Tours – 2:15–4:00 p.m.

Historic Section of New Haven

Yale Center for British Art

Social Hour – Harkness Lounge 4:30–6:00 p.m.

Individual Class Parties and Dinners for the five-year reunion classes (’29, ’34, ’39, ’44, ’49, ’54, ’59, ’64, ’69, ’74) will be held in the evening. Information will be available at the Alumni Registration Desk.

For details please see the Alumni Program which will be mailed to all alumni in April.

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Yale Medicine

Alumni Bulletin of the School of Medicine: Summer 1979



Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor, 333 Cedar Street, New Haven, Connecticut 06510

Editorial Staff:

Editor: Arthur Ebbert, Jr., M.D.

Managing Editor: Marjorie B. Noyes

Assistant Editor: Guldane K. Mahakian

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Cover:

Canton, oil painting, c. 1855. Courtesy of Mystic Seaport Museum, Inc., Mystic, Connecticut. This view of Canton, from the harbor, as Peter Parker (see story page 2) must have seen it when he arrived there in 1834, depicts the many buildings or "hongs" occupied by individual companies and embassies of foreign countries.

Photos: All photos, except those on pages 6–9, courtesy Yale News Bureau.

Message from the Dean regarding medical school funding

The following "Letter to the Editor" of Science from Dean Berliner was published in the March 16, 1979 issue.

In his article, "Carter attempt to limit doctor supply faces tough going in Congress" (News and Comment, 16 Feb, p. 630), R. Jeffrey Smith discusses the history of capitation grants, in particular a misconception that has been fostered by the Carter Administration. By linking the proposed elimination of capitation grants to a perceived need for reducing the output of physicians, the Administration would have us believe that the cut serves public purposes other than a reduction in government expenditures. Since, however, the link is specious, discussion of the proposed elimination of capitation support is directed to the wrong issues.

Capitation grants to schools of medicine were originally intended to defray a substantial part of medical education costs. To quote from a recent letter from Kenneth M. Endicott, formerly director of the Bureau of Health Manpower:

By 1969, when I took charge of the Bureau, nearly half of the medical schools were receiving financial distress grants. In effect, when a school encountered financial difficulties, the federal government stepped in with the "last dollar" and rescued the school. This seemed to me to be a policy which encouraged over-spending and penalized prudent management. As an alternative, I proposed a "first-dollar" approach in the form of capitation grants at a level calculated to put most of the schools on a sound financial base. The idea was accepted by the Administration and was incorporated in the Administration's legislative proposal. There were to be no strings attached other than maintenance of effort. In the course of the legislative process, the House added a requirement that each school increase enrollment . . . In conference, the House prevailed and, as a result, the 1971 Act mandated an increased enrollment as a condition for receiving capitation grants.

Thus capitation grants, although conditional upon, were not intended as a reward for, or the financing of expansion. More important, the expansion that occurred as a result of this condition is not a very significant factor in the need of schools for the flexible funds that capitation grants provide. Schools of medicine have large fixed costs that do not vary with the number of students; the need for faculty, by far the largest item in educational costs, varies only slightly with moderate changes in class size. Thus the 20 students per class that most schools added as a conse-

quence of the federal health manpower program may have required some capital investment in facilities, but had little effect on faculty size and cost. Because these additional students, at least currently in privately supported schools, add more in income (in the form of tuition) than they do in cost, the last thing these schools are likely to do in the interests of financial stability is to decrease their enrollment. Merlin DuVal is quite right in saying that if the Administration wants schools to reduce their enrollment they will have to provide funds specifically for that purpose and the amount needed would have to be significantly greater than that which would be lost in tuition. That amount would be a substantial part of the current capitation support and would largely negate the primary purpose of the Administration, which is a reduction in expenditures.

Rather than concentrating on the fancied effects on medical school enrollment that would be entailed by elimination of capitation grants, and debating the desirability of an increase or decrease in the future number of physicians, we should be examining the more readily predictable consequences. Schools of medicine would lose a substantial fraction of their flexible funds, and since most would find it difficult to make up the loss by reducing expenditures, a major increase in tuition would be necessary, at least in private schools. Since the increased need for student financial aid eats up about twice the lost per capita amount in order to generate an equal net income. Those low- and middle-income students not discouraged by the cost from undertaking a medical education would have to borrow the additional money, increasing further the already substantial debts with which most of our students already graduate, or apply for scholarship support through the Health Service Corps, which could accommodate few of them because it is already oversubscribed. While the earning power of physicians is such that they should be able to repay their debts from future income, many of us are concerned about the bias toward careers that lead rapidly to high incomes that is inevitably induced by such substantial debts. I am particularly concerned that talented people who might make substantial contributions to the future of medicine, will be diverted from academic careers by the relatively low income that such careers promise.

These are the issues that we should be addressing when we consider the President's budget proposals, not the imponderables of the supply of physicians.

Peter Parker

Physician – Missionary – Diplomat

Elizabeth H. Thomson



A portrait of Dr. Peter Parker by Lam-Qua. (Courtesy Yale University Art Gallery)

Miss Thomson is research associate in the history of medicine.

Ed. Note: On December 15, 1978, President Carter announced that the United States would normalize relations with the People's Republic of China. Thus ended what some have described as a "30-year anomaly in international affairs", and a new era in the relationships between these two countries was begun. It seemed timely to call attention to a Yale doctor who served as one of this country's first diplomats in China.

It has been said that Peter Parker opened China at the point of a lancet. When he arrived in that far country in November of 1834 at the age of thirty, after a voyage of 140 days, it was at a time in history when the Chinese were giving scant welcome to Western "barbarians." Their culture was viewed with contempt, their commercial ambitions with suspicion. But in Peter Parker's lancet they discovered healing and relief from many conditions hitherto considered hopeless, and as thousands passed through the hospital he founded in Canton in 1835, it might be said that Parker did in truth open China in a way never achieved by the blasting guns of British men-of-war.

Parker has been the subject of two biographies (G.B. Stevens and W.F. Markwick, 1896 and E.V. Gulick, 1973) and a number of shorter studies — most recently by C.G. Roland and J.D. Key, (1978) and Peter Pitt (1971) and earlier, several by members of the Yale faculty: Samuel C. Harvey, Charles J. Bartlett, Eugene M. Blake, Harvey Cushing, the Rev. Kenneth S. Latourette, Levin W. Waters, and others interested in him as "initiator of modern medicine in China," "the founder of modern medical missions," "Yale's first ophthalmologist," and Commissioner to the Chinese Empire, for in addition to distinguished service as physician and missionary, he represented the United States officially in his later years in fostering friendship and understanding between the two nations. This article will focus on Parker the diplomat.

Peter Parker was one of few students who had a clear vision of his destiny when he finished his undergraduate course in Yale College — he wanted to go to China as a medical missionary, an unusual combination at that time, and with this end in view he carried the burden of simultaneous study in both the Medical and Divinity Schools. He also went to New York to observe at the New York Eye and Ear Infirmary and wrote his required medical thesis on purulent ophthalmia, since he had learned that eye troubles were particularly prevalent in China.

When a great farewell meeting was held at the Presbyterian Church in New York on the 1st of June 1834 to dedicate Peter Parker to God as a missionary to China, he was given detailed instructions by the Prudential Committee of the American Board of Foreign Missions. One paragraph of these instructions read as follows:

"The medical and surgical knowledge you have acquired, you will employ, as you have opportunity, in relieving the bodily afflictions of the people. You will also be ready, as you can, to aid in giving to them our arts and sciences. But these, you will never forget, are to receive your attention only as they can be made handmaids to the gospel. The character of a physician, or of a man of science, respectable as they are, or useful as they may be in evangelizing China — you will never suffer to supersede or interfere with your character as a teacher of religion."

Although Parker was aware that the Chinese firmly believed Westerners could bring nothing of value to a country of such great culture and antiquity, and he was aware also that enormous hostility had been generated by the promotion of traffic in opium by British merchants, he did not fully appreciate how unwelcome he would be as the representative of a foreign nation. He was unable to stay in Canton where he wished to settle, but had to move on to Singapore where the natives were somewhat more friendly and where there were fewer restrictions on the activities of foreigners. Here he began study of the language and practice of medicine in a limited way.

The rigid restrictions in Canton had been laid down so that the Chinese authorities might control trade with the West. They required that all traffic with merchants in China [must] be carried on through certain designated men, about twelve in number and never more than thirteen, who were known as the *Hong* merchants, and who paid large sums (as much as \$300,000) to become members of the *Hong* and usually became wealthy through their trade with the West.

Foreigners were also required to live in the warehouses, as the factories or hongs along the waterfront were called, and were not allowed to bring wives or family to live with them. Annoyed by these restrictions, they surreptitiously dealt with outside merchants, thus angering the Chinese overlords and making it very difficult for the members of the *Hong* to keep peace between the disdainful Chinese and these foreign traders whom they considered little more than pedlars.

Fortunately, the senior of the merchants and leader of the *Hong* was a remarkable man, possessed of extraordinary tact and graciousness. From humble beginnings he had, through unusual financial genius and a generous, shrewd, and liberal nature, amassed a fortune, and, what was more enviable, had acquired the reputation for being scrupulously honest and reliable in times when duplicity and malpractice of all kinds flourished. Through American merchants his name became a household word in America as the guarantee of genuineness and excellence, and that name was Houqua. It was not his real name, but it was the one by which he was always known.

When Parker, after about seven months of study and practice in Singapore, became impatient to begin more permanent work and ventured to return to Canton, it was to Houqua he shortly applied for permission to use one of his empty warehouses as a dispensary. Houqua was at first reluctant, but Parker's plans for helping his countrymen appealed to his generous nature and he granted the request, thus giving Parker the support he needed to found the ophthalmic hospital which was to have a profound influence on the relations of China with the West. The editor of *The Chinese Repository*, a journal which served posterity by publishing Parker's hospital reports, described the situation surrounding its establishment. The increasing hostility

of the native authorities, he wrote, had more than ever cramped and confined the operations of the mission at Canton, but the arrival of

"Dr. Peter Parker from New York, in 1834, had added to the force an enthusiastic missionary of exceptional vigor and ability, who by his medical training was able to introduce a new factor that has performed a service of the highest importance between foreigners and Chinese by removing their mutual misunderstandings. This was the establishment at Canton of a dispensary and hospital for the free treatment of natives. No branch of mission work in the East is now better known or more universally successful than this of medicine; its direct use in spreading the gospel among all classes of the people has been invaluable, but at this time the experiment was considered hazardous by the foreign community in China, and was looked upon with suspicion by local authorities. At the end of its first year, however, when thousands of impatient Chinese were clamoring for admission to the crowded dispensary, the residents of the factories cordially agreed to pay back the sum advanced to Dr. Parker by the mission, and formed the "Medical Missionary Society," by subscribing sufficient funds to carry on the benevolent work. The hong merchant, Houqua, as soon as he understood the object, gave the free use of a large house for twenty years for hospital purposes. In this manner a great burden was taken off the shoulders of the little band of missionaries, and a new opening was made in the direction of an acquaintance with the Chinese."

Houqua became a firm and loyal friend, and the miracle — for miracles they seemed to the Chinese — which Peter Parker performed in the hospital, were the first evidence of anything valuable to come from the West. Doors hitherto closed to him were thus opened. By 1839, however, the deterioration of relations between the Chinese and the English, which ultimately led to the Opium War, began to have a serious effect on the fortunes of the hospital.

As early as April 1839 Parker wrote his sister that they had been imprisoned for three weeks in their own houses and that he was greatly pained to be informed that his hospital must be discontinued. Houqua had told him that although he, Parker, had been very good to his countrymen, better than Houqua had been to his own parents, nevertheless from fear of consequences to himself, he could no longer let him have the use of his hong. Parker, who by that time had made friends in high places through caring for them or their families during illness, made strenuous efforts to avert the war, but by July he wrote home that the affair between the English and the Chinese had gone too far to expect any amicable settlement of difficulties, that the Chinese forts were in readiness with

their guns loaded in anticipation of the arrival momentarily of British men-of-war. The result, Parker devoutly hoped, would mean final cessation of the opium trade and the establishment of foreign intercourse with China upon a more honorable and safe footing.

It was nearly a year later, however, before hostilities progressed to the point where he could no longer delay his departure. He said a sad farewell to Houqua and his other friends among the *Hong* merchants and, cheered by Houqua's strongly expressed desire to him to return 'the sooner, the better' — he sailed from Macao on 5 July 1840. He reached New York five months later and spent the next year and a half in almost continual activity.

People in the West knew little about China. There had been missionaries from the West, and physicians had worked there, mostly in the employ of the East India Company, but no one had gone with his particular training, offering not alone spiritual guidance but free medical care — and on a larger scale than had been available before. Thus not only those desirous of converting the heathen to Christianity, but medical men, medical students, businessmen, and statesmen were interested in having the first-hand knowledge Parker was eager to give to as many as he could reach — for the benefit of his own country, for the Chinese people with whom he had forged bonds of friendship and respect, and for the benefit of his hospital where help was being offered to many thousands who needed it desperately. He spoke often in many eastern cities and also spent three months in Britain and France, where the King himself was interested in his story.

Parker felt it was particularly important that the United States take advantage of the rather more friendly attitude of the Chinese toward Americans and send an official representative to establish diplomatic relations with the Chinese government as soon as the war was over. To this end he visited Washington, where he talked with President Van Buren. But since the latter was then at the end of his term, he spoke also to Daniel Webster, Secretary of State elect, and, at the latter's suggestion, wrote out at length his convictions and suggestions. Later he had the opportunity to speak on China and his mission there before the Senate and House of Representatives in combined session.

In June 1842, two years after leaving China, he was able to return, taking with him his wife of fifteen months. Before he left, he had further consultations with Daniel Webster and [the] President John Tyler. The Parkers reached their destination in early November. Leaving Mrs. Parker in Macao, he went alone to Canton to consult Houqua on the advisability of bringing a woman to the hospital. Both knew that it was a dangerous move but they decided to risk it, provided she stayed within the compound and did not venture out where she might draw insults and provoke hostile acts. Her work with the patients and subsequent acceptance gradually opened the way for other women to come in limited numbers.

The guns of the British men-of-war in one sense "opened" China, but at the end of the war hostility still existed, and the task now before foreign nations was to



Dr. Parker persuaded a talented Chinese artist, Lam-Qua, a student of the Irish patriot and Royal Academician, George Chinnery, to paint portraits of patients with a variety of medical and surgical conditions. Eighty-some of these paintings are preserved in the Yale Medical Historical Library.

establish some degree of friendly relations and mutual respect. Parker's recommendation to the President resulted in the appointment of a Commissioner to China, and the Hon. Caleb Cushing of Massachusetts arrived at Macao in February of 1844. He immediately appointed Parker Chinese Secretary to the U.S. Mission, and together they began the enormous undertaking of seeking first recognition, then commercial standing, for their country. Parker's biographer wrote: "Every inch of ground had to be won, and each successive step in the negotiations had to be taken against an indifference that amounted, at times, almost to insult; and Mr. Cushing has himself borne witness to the remarkable firmness and patience with which Dr. Parker carried point after point until the end was gained." The treaty was formally ratified by the emperor on 4 August 1845 and, though strictly commercial, it was of great importance and value to both countries, forming as it did the basis for all future deliberations, and securing recognition of the rights of American citizens resident in or doing business in China. Parker wrote in his diary that foreign commerce was extended to four additional ports, and that China had entered into solemn treaty with three of the greatest nations in the world (England, the United States, and Portugal).

Parker's relief and probable gratification over the part he had been able to play in bringing about these better relations were crowded out by the stunning news at the end of 1845 that the American Board of Foreign Missions was withdrawing its support since his work lay almost entirely in the field of medicine. This was in keeping with the rigid charge with which they had sent him forth twelve years earlier, but since Parker felt deeply that neither in his heart nor in his activities had he failed to keep that charge always in mind, their accusation of neglect of his spiritual duties was a severe shock. After a dignified letter in his own defense he maintained a strict silence. Many friends, however, rushed forward to protest the Board's action, paying tribute to Parker's dedication and emphasizing the value of his work as a Christian missionary as well as a doctor.

Now without salary, Parker accepted the formal appointment as Secretary and Chinese Interpreter to the Mission of the United States to China which had just been received from the Secretary of State, and was grateful for the remuneration. Caleb Cushing had left after the treaty was assured. When the new Commissioner appointed in his place died in June 1847 within six months of his arrival in China, Dr. Parker was temporarily in charge. At least he thought the assignment was to be temporary but, as it turned out, it was not until April 1854 that a new commissioner arrived. By that time affairs in China were again in a most unsatisfactory state and a revision of the treaty of 1844 was urgently needed. The new Commissioner, together with the ministers of England and Portugal, and with Parker as secretary and interpreter, again began delicate negotiations to secure better understanding and a more satisfactory agreement. Parker wrote in his diary in September of 1854 when the party was enroute to northern ports in China on the U.S. Sloop of War St. Louis:

"The magnitude of the mission now in hand has presented itself forcibly to my mind and my own subordinate relation to it The thought occurred to me, Could my friends in New Haven, the Faculty of dear old Yale, and my classmates know where I am, how much would they expect of me! . . . Great good or great evil may result from the efforts now about to be made by the representatives of three of the greatest of Western powers to reach Peking and, if possible, the Emperor himself. Peace continued, commerce extended, and China benefited to an untold extent, or war and all its concomitants, may be turning upon what is done within a few days or weeks

"Unless important results can be amicably effected, such as inducing the Manchow dynasty to change at once and forever the policy which assumes an unreal superiority over the Western nations and conforms its deportment towards them upon this false premise, it were better that nothing should now be attempted. This desideratum is paramount, and, once secured, all else desirable will follow in due course"

The strain of the next year caused a breakdown in Parker's health, because in spite of participating in the various diplomatic missions, he never gave up his taxing work at the hospital. He left China in May 1855, but the long ocean voyage so restored him that he yielded to the President's urgent plea that he return immediately to Canton and resume the critical negotiations, this time as Commissioner. Many of the friends whose help he could rely on in the past were no more. Houqua had died in 1843 and a number of other influential friends partial to the Americans were also gone. This time he was faced with a stubborn, cold, and unfriendly Imperial Commissioner who made his task doubly difficult, but he met resistance with boldness and firmness and in the end achieved his purpose. The treaty procured, which gave many more advantages to American residents in China, was almost wholly due to Parker's efforts and largely the product of his skill in meeting the Chinese on equal ground. In 1857 ill health forced him once again to leave China, this time never to return, but the treaty was formally ratified by the Emperor the following year.

Many honors came to Parker during the next thirty years, for he lived until 1888 when he was eighty-three. It was a satisfaction to him in 1871 to be made a corporate member of the American Board of Commissioners for Foreign Missions, a tardy gesture of reconciliation. He served Yale in many ways, was a Regent of the Smithsonian Institution, but did not again enter government service.

The Case for a Program in Occupational Health

“There are other classes of industrial dangers less obvious than mine explosions, railroad accidents, etc., but nonetheless serious for those exposed to them. If a pound of lead drops on a workman’s head, the catastrophe is more obvious than if minute quantities of lead are taken into the system day by day. The poisoning is as fatal as the accident, although none of this is obvious to anyone except the medical men who perceive what is going on.” — C.-E.A. Winslow, 1911

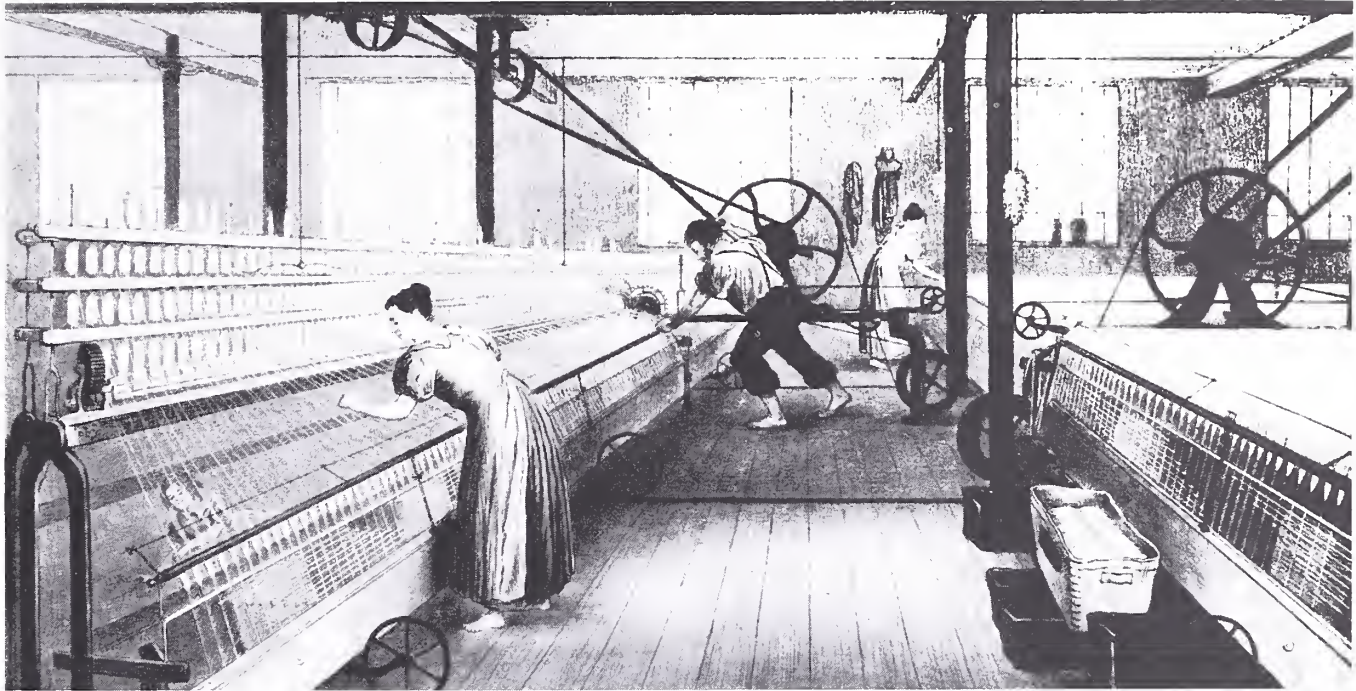
Miners trapped in a coal mine – 1884.



Physicians in hospitals, clinics and private practice are likely to be called upon to diagnose and treat a wide variety of injuries or illnesses which arise in association with specific occupational settings or exposure. But, suspicion or recognition of the association is likely to require observation of more than a single case. It calls for observation and understanding of the working conditions, in order to establish the causal relationships, to assess the risks, and to provide for the rational development of appropriate preventive action.

The field of occupational health recognizes the need for special knowledge, training and skills (medical, nursing, epidemiologic, toxicologic, and engineering) to accomplish this sequence. Such a process should lead to regulations which are logical, enforceable, and protective. At the federal level, National Institute for Occupational Safety and Health, and Occupational Safety and Health, U.S. Department of Labor are charged with the responsibilities of conducting investigations and research, and of setting standards and enforcing regulations.

The following article is based, in part, on discussions at a symposium on “Toxic Chemicals in the Workplace”, sponsored by the Department of Epidemiology and Public Health on June 1. Key speakers at the symposium were Anthony Robbins, M.D., Director of the NIOSH and Eula Bingham, Ph.D., Assistant Secretary for OSHA.



New England textile mill in the mid-nineteenth century.

Historically, attempts to combat occupational health dangers have dealt with overt traumatic injury and death — such as the pound of lead dropping on a workman's head. One of the first federal public safety regulations was aimed at the boilers on steamships traveling the Mississippi. If a boiler exploded, people were either blown apart or hurled into the river. There is no record of public or industrial outcry against the regulation — the danger was perfectly apparent.

During Professor Winslow's lifetime, the disease pattern in this nation changed considerably. While today, almost sixty percent of deaths are caused by heart and lung diseases and cancer, at the turn of the century, pneumonia, influenza and tuberculosis were the leading causes of death. Improvements in preventing widespread epidemics and death from contagious diseases such as these can be attributed to improved medical science, public immunization programs, the development of antibiotics, public water and sewage treatment, and technological changes, such as the refrigeration of food.

At the same time, little was done during the first half of this century to improve public health and safety in the environment and the workplace. It wasn't until the 1960's that there was an increasing public awareness of potential hazards posed by air pollution, water pollution, radiation exposure, food additives and the like. As a result of strong

public-interest lobbying, the Federal government enacted a considerable amount of legislation aimed at improving health and safety conditions in the environment. These include: the Occupational Safety and Health Act of 1970; the Coal Mine Safety and Health Act, recently revised; the Clean Air Act of 1970; the 1972 Federal Water Pollution Control Amendment; the Consumer Product Safety Act; the Noise Control Act of 1972; and more recently, the Toxic Substances Control Act.

They are all examples of remedial legislation, and to date the extent of their success is debatable. In the first placed, the acts have become subjects of an emotional tug-of-war between advocates and opponents — those who would protect the environment as well as public health and safety at all cost, and those who maintain that to do so would be ruinous to the nation's economy. Claims that a specific substance in the environment poses a danger, often are countered by charges that there is not enough evidence to prove it. "There is a tremendous burden to have complete scientific evidence before you make the public health judgment," Dr. Robbins said during the symposium, "and we are in the courts all of the time." Years of suits and counter-suits are often required before government regulations can be effectively enforced, he added.

"I think it is fair to say that the promise of many of these

pieces of legislation has fallen far short of what we have wanted," Dr. Bingham declared during her talk. "There has been some inept administration of the laws, to be sure, but perhaps more than anything else, the problem is due to a shortage of medical and scientific expertise to really enable us to carry them out effectively."

At least 50,000 professionals trained in the environmental health sciences are needed just to successfully implement the existing legislation and regulation, Dr. Bingham and Dr. Robbins estimate, and more will be needed when more attention is given to prevention.

Dr. Bingham began her talk by encouraging Yale to formulate an occupational safety and health program "because we certainly need the training of physicians, nurses, toxicologists, epidemiologists, and other specialists in this area." "What we really need right now, is for universities to apply their knowledge and research skills to areas of occupational health, where we have now no formal academic discipline," Dr. Robbins added.

Only 12 of the nation's 117 medical schools offer programs in occupational health. This is in part a reflection of a national trend to put more effort into treatment rather than prevention of disease. Ninety-six percent of the Department of Health, Education and Welfare's medical budget is spent on research and services for curing disease; only four percent is allocated for disease prevention, according to Dr. Bingham. In 1973, she said, approximately 58,000 physicians were in training in hospital programs; only fifty of the residents were in training in the area of preventive medicine — forty in public health, and fewer than ten in occupational health.

Why should the government (and others) spend money to train professionals specifically for disease prevention? Are not typical medical and nursing school educations adequate to cover the problems of occupational and environmental health? Not really, according to proponents.

As C.-E. A. Winslow realized over half a century ago, unlike accidents and many contagious diseases, where problems are readily discernible, many environment and occupation-associated diseases are insidious. For example, it may be years before a susceptible worker in a vinyl chloride plant shows symptoms of angiosarcoma of the liver; a woman working in a cotton mill may not realize until it is too late that the cough she has been experiencing for a few months is actually an early symptom of byssinosis, which will gradually drain away her energy and eventually, her ability to breathe.

One of the problems in the field is that many members of the labor force move from job to job over a period of years, making it extremely difficult to trace the cause of occupationally-related illnesses. In the past, some employers have been remiss in not keeping well documented medical records, and some have denied workers access to their own records. According to Dr. Bingham, many companies have not told workers about medical disabilities that occurred as a result of exposure to a substance in their factories, so that the workers may not have any inkling that conditions in the factory have any relation to the disease they came down with ten or 15 years after they left the job.

"Diseases in the workplace are preventable," Dr. Robbins stated during the symposium. "There may not now be adequate technology for it, but you do have the option of preventing the disease by ending the exposure." The cost-benefit factor of prevention is one of the most controversial issues in regulating public health and safety. Advocates of occupational health policies stress the right of all workers to a safe and healthy workplace. In addition, they say, opponents to health legislation fail to recognize both the economic resources that could be saved, and the toll of human suffering that could be reduced by preventive measures.

At the same time, spokesmen for industry claim that the legislation may be protecting only a small percent of the population from a small risk, at great expense to the health of the nation's economy. They further contend that the regulations stifle technological advances.

How is the cost-benefit question determined? If only a small percent of the labor force exposed to toxic substances becomes ill, is the economic hardship to industry, caused by eliminating the substance, justified? This is a hard question to resolve.

As was previously mentioned, some effects of exposure are cumulative, and may not show up for years. On the other hand, it may well be that there are definite factors which make some people more susceptible to illnesses than others. For example, it is now known that women of child-bearing age, and especially pregnant women, are at higher than average risk when exposed to certain radioactive materials over a prolonged time. It is probable that other sectors of the working population may be equally vulnerable to substances in the workplace that do not necessarily have a deleterious effect on the entire population employed there.

Questions such as these are of importance not only to the

practice of occupational medicine; they are also of importance to the practice of medicine in general.

It became clear during the symposium that active occupational health training programs in medical schools are important and necessary if our national objective of safe and healthy work environments, and the prevention of occupational diseases, are to succeed. Such programs make their contribution, first, by making it possible for all medical students to receive more effective training in occupational health so they have an increased awareness of the workplace as a possible contributor to disease. Second, it is obvious that with the increased national commitment, a great need exists for physicians and other health professionals, who are specialists in occupational health and safety.

The Yale School of Medicine is one school which can make a special contribution, since it has, in the Department of Epidemiology and Public Health, an accredited

School of Public Health. In addition, the School has close ties with the Yale School of Nursing, recognized for its superb postgraduate training programs in a broad range of nursing specialties.

A combination of resources of this caliber can form the core of an extensive and comprehensive program for training physicians, nurses, industrial hygienists, and safety specialists. The National Institute for Occupational Safety and Health, as well as private industry and labor could join in the support of such centers.

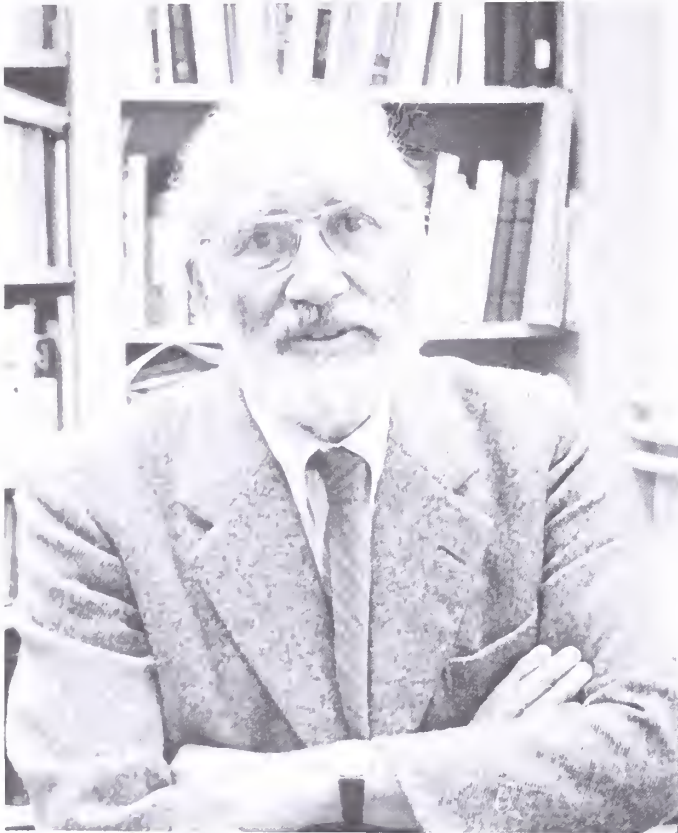
The Department of Epidemiology and Public Health is formulating a proposal. The graduates from a program based on the kind of academic and research resources available at Yale have a great potential for supplying the expertise Dr. Robbins and Dr. Bingham were calling for to help effectively initiate, promote and administer the occupational safety and health legislation at both the local and national levels.

Hazardous manual operations prevailed in glassworks employing a large number of youngsters. From an illustration made in 1871.



About Wil Downs

Robert E. Shope, M.D.



Dr. Wilbur G. Downs, clinical professor of epidemiology, is known throughout the world for his research on malaria and other diseases attributed to arthropod-borne viruses. A member of the Expert Committee on Viruses, World Health Organization, he is the recipient of many awards for his work.

Dr. Shope is professor of epidemiology and director of the Yale Arbovirus Research Unit.

I first heard about Wil Downs through my father, who went through the Okinawa campaign in the Second World War with him. Wil was a malaria officer with the Naval Medical Research Unit to which my father was attached.

One of the stories he told was about the time they were in a jeep driving down the coast of Okinawa during the first days of the invasion, assigned to find out whether there was schistosomiasis there, and whether it would pose a hazard to the troops. My father was driving, with Wil in the seat beside him, when all of a sudden kamikaze planes came over and aimed their fire right at them. My father looked over at Wil. He was sound asleep. (I have since learned that he dozes through faculty meetings also.) Needless to say, he went through the rest of the war with the reputation of being very cool in combat.

Years later, when I was offered the opportunity to join the Rockefeller Foundation Virus Program, my father advised me that if there was any possibility of working with Wil Downs, I should take it. I haven't regretted that advice one bit.

I was assigned to the program under him in the virus lab in Belem, Brazil, which is at the mouth of the Amazon River. I vividly remember that the best times during the six years I was there—the times full of anticipation, were the times when Wil Downs was about to make his annual visit to review the program. We always planned some kind of special trip for him because we knew he enjoyed getting out in the field and seeing birds, insects and the local people. His observations made the trip.

Wil had a way of making us feel very comfortable and at ease. As a leader and director of the program, he never dictated what was to be done in the field. He kept to the dictum that field workers were their own captains, and he stood up for them through thick and thin—even when, on occasion, they were not always correct. This sense of fairness and constancy has always been one of his outstanding qualities.

In 1965, I was reassigned back to the United States. It was at the time Wil Downs had completed negotiations with the Rockefeller Foundation to move their virus program from the Rockefeller Institute in New York to the new Laboratory for Epidemiology and Public Health at Yale. He was instrumental in obtaining funds from the Foundation, matched by the National Institutes of Health, to construct the laboratory building.

During the period from 1965 to 1971, Wil was director of the newly named Yale Arbovirus Research Unit (YARU) in the Department of Epidemiology and Public Health. During those years, I was given almost complete freedom to work on various projects. He was a good director. He never pried into the work his staff was doing; instead, he was, and has always been someone to turn to for advice, and one to whom you want to tell the results of your research. This is a rare quality in scientific leaders.

Many research advances were accomplished during the six years Wil Downs was director of YARU. One was the development of insect cell culture technology, which has been essential in understanding how arthropod-borne viruses can function in nature. Previously, scientists had studied these viruses mostly in vertebrates, and in vertebrate cells in the laboratory. It was through his perspicacity that insect cell lines were developed.

Another major triumph was the isolation and identification of Lassa fever virus. This has since developed into an important area of research. Lassa fever virus originated in Nigeria, in West Africa, and was first discovered through links in health programs in that area, including the Rockefeller Foundation's laboratory in Ibaden. The frequently fatal disease is caused by a virus of the multi-mammate mouse and the recognition of its importance can be attributed to the group of investigators under Wil's direction.

Looking back, I think it was through the Lassa fever virus research that Wil really became fascinated with Africa. He made several trips to Ibaden to foster and encourage the small group of Americans and Nigerians working there. During the past ten years he had made trips to other areas of Africa as well.

I was with him on one trip, which I will never forget. We were both consultants to the World Health Organization's program in Entebbe. After the meetings, Wil and his family and I were invited to visit a game preserve. We spent the following night at the preserve—his wife and daughter sharing one room, and Wil and I sharing the other. About 2 a.m. I felt someone shaking me vigorously. It was Wil. "Wake up, wake up," he said excitedly. Out of a sound sleep, way in the distance I heard a slurping, drunken kind of sound. The hippopotami were coming out of the river.

Wil was hurriedly setting up his tape recorder apparatus, with a parabola which catches distant sound. I was needed to hold the big half moon receiver. There we were, in the middle of Africa, in the middle of the night, peering out at these great big hulks coming out of the river.

No one else but Wil Downs could wake up from a sound sleep and do something like this! He has made hundreds of similar recordings of wild animals and birds from many parts of the world, and one of the pleasures of knowing him is sitting in his living room and listening to these remarkable tapes.

Just as we have had many delightful times and triumphs together, Wil and I have shared some very sad times too—both personally and professionally. To his credit, he has weathered the storms without losing his very great enthusiasm for life.

A very trying time occurred in 1971, when Wil was associate director for biomedical sciences at The Rockefeller Foundation. A unilateral decision was made by the trustees to terminate support for the Foundation's virus

program. This was after the program had been transferred to Yale. Wil, with great sensitivity to the plight of his colleagues, resigned from the Rockefeller Foundation.

This is a side of Wil Downs one doesn't often see. He is a highly principled person, and he simply could not understand why the Foundation had dropped a program in full bloom, and in the face of exciting scientific challenges.

As a result of his resignation, I was suddenly named director of YARU, with responsibility for phasing out the remaining overseas portions of the Foundation's program. It was an unusual situation. I was a relatively young staff member taking over the position of a person who was much more knowledgeable in many ways.

Yale offered Wil a faculty position and an office and laboratory—under my direction. It could have been a very difficult situation in many respects. It hasn't been. Wil has always been available for my frequent requests for advice, which he has given with great modesty. When I have made mistakes, in spite of his advice, he has been very supportive.

Wil's efforts in the past few years to start a scientific program in Africa have been continually frustrated. A few years ago, he was able to obtain funds from the Agency of International Development of the United States State Department to mount a survey of health in the Senegal River Basin. He took with him several faculty from the School of Medicine. The scientific work that was done during a period of a few months was very revealing, very successful. Although further funding has not yet materialized, Wil continues in his efforts, hopeful of developing an ongoing program.

This year, he returned to Africa as a consultant to the Rockefeller Foundation to evaluate the educational program at the University of Ibaden in Nigeria. In one sense, this was a very discouraging episode, because he found the University bankrupt, and much of the work has been destroyed because the government there is not able to follow through and continue the scientific projects started.

He is discouraged, and at the same time, not defeated. He has said that he intends to write a book explaining how governments and agencies can start successful scientific projects in areas such as Africa. I hope he does. Very few people have his vision and knowledge, and his foresight and experience in this field.

Wil is an ardent nature lover, and a great sportsman. An extremely skilled fisherman, he also ties his own flies and delights in inventing new models. He is a superb craftsman, as well as an avid reader of every book ever published on wildlife—birds, animals, insects—all of it. He can tell you the scientific name for birds from all over the world, for instance, and he doesn't hesitate for a minute to indoctrinate his colleagues as well as his students with his great love for nature.

Students in the School seem to gravitate to Wil's office. He has a reputation which spreads. He is a very demanding

teacher, but at the same time, he is also very enthusiastic about young people. He has the ability to hold a class spellbound for one or two hours, without any apparent preparation. This is, in part at least, a reflection of his broad interests and vast knowledge.

A program of international travel for Yale medical students was Wil's idea. It started in 1965, while he was associate director of The Rockefeller Foundation. The Foundation gave a small grant to Yale to support travel for students. The grant terminated after two or three years, but Wil has somehow always managed to obtain support for one of his obviously favorite projects, and to date, about 113 students have had the experience of working on a specific project in a clinic or laboratory in a foreign country.

Known as the International Medical and Public Health Student Travel Fellowship, the program offers awards on a competitive basis for research, community or clinical projects. The award covers economy airfare, plus \$100 for miscellaneous expenses. In return, at the end of a minimum of two months on the project, students are asked to submit a final report and evaluation of their experience. Most have been extremely enthusiastic, and a few have attributed a decision for a career choice to the experience.

Wil Downs is a leader. His way of leading has always been to encourage young people—to give them freedom to express themselves. This explains, to some extent, why so many of his students and his younger colleagues have been successful. He is a father figure to many, and respected by all.

On Health Programs in Developing Nations

Excerpts from a tape recorded conversation with Wil Downs

My interests have always been in the field of transmissible diseases, with a strong interest in health problems and health care in South America, Asia, and Africa. These interests have led to a certain inquietude on my part, revolving around the general thesis that when you don't know what the specific health problems are in a given region, then the elaboration of health care programs becomes very superficial. In the last few years I have been trying to make myself a gadfly, pestering the health care people with this fixation of mine.

There is a health care empire in terms of money expenditure and personnel involvement. It involves not only doctors, but to a considerable and continually increasing proportion, demographers, social workers, nurses and village workers. A large number of these people, who have many different titles, become associated with the United States government agencies and are assigned to various countries. The general aim of these programs, at least on paper, is to develop native abilities to carry on and take over these services.

The programs are being supported with a great deal more money than is going into medical research on the health problems of the regions involved. I consider this is building a very shaky superstructure on a very weak foundation.

I would like to impress this fact on international granting agencies—the private sector, and governmental organizations in this country, most particularly the Agency for International Development (AID). I would like also to impress it on a remaining very major area—the governmental agencies in many other countries, as well as on the World Health Organization (WHO).

My approach has been to go into the regions where health development work is planned, and try to carry out well-done health surveys to indicate the problems of the specific region and attempt to steer some of the health services development toward these problems. I cannot defend it as having been highly successful, and it is not a new bug on my part; Johns Hopkins has had a succession of similar schemes in various countries, and U.S. government programs have backed many of them.

My fear is that government aid programs accumulate vast piles of documents and that new workers coming in never review the old work that has been done. It is necessary to keep insisting to them that they do have to build medical programs on sound medical knowledge.

For example, it is loose talk in connection with health care programs to consider that malaria is all-pervasive in Africa. There have been technical terms invented for this: "holoendemic malaria", "mesoendemic malaria", and

“hypoendemic malaria”. They are frequently used in epidemiological circles. “Holoendemic” means saturation of the population with malaria. There is similarly a tendency to consider schistosomiasis as being everywhere – the same holds for onchocerciasis in some regions. You take a paint brush and a pot of colors and you fill in considerable areas of the map with colors designating these various degrees of “endemicity” for these and other diseases. There are at least two atlases with this approach – well meaning but too all-inclusive.

Health problems of this nature are very complex, and it takes a bit of explanation to make the pattern clear. Each area and each situation requires careful analysis and surveying. The management of the disease, both in the clinic and, more importantly, in the preventive aspects of trying to control vectors and the exposure of the population to the vectors might be quite different in different areas.

The ideal survey extends over time – at least one year, either in residence or with repeated visits to the areas. Preferable to that, is a long-term program of five to ten years. It is in this type of program that I have been trying to interest the AID people. Of course it is much more expensive, but the advantages are very real.

With a one-year survey it is possible to sample a population in the different climatic periods of that year – the wet season and the dry season, in tropical areas. However, a one-year sample can be very misleading because there are cyclical trends to climate. You could be examining a dry year and get a very erroneous impression of what might happen in a wet year. The only way to beat that problem is by planning programs which will extend over several years.

Incidentally, this does not mean that other parallel programs for the delivery of health care must wait for a final conclusion of these survey epidemiological studies. Indeed, they should start and ideally, there should be a constant exchange of information between the participants of the two programs so that information from the surveys can be used to determine the pattern of the health care programs.

The channels followed to get health care to the people, channels which have been developed only after many mistakes, often involve local personnel – people of the village or region. It is so easy to set up this ideal kind of situation and have the international aid go toward the training of local people who will then carry the program to the villages, but there are very real, undesirable, understandable, and unpardonable roadblocks to such ideal developments.

It is not too terribly difficult to get medical and paramedical people from the United States and Europe to serve essentially as missionaries. In fact, there are thousands of them in Africa who are missionaries in the very sense of the word, giving of their talents and services at very modest return, except for the satisfaction of doing their work in a place where it is needed.

There are a number of mission hospitals scattered throughout tropical Africa, many with splendid opera-

tional records. The next step, that of getting African doctors involved, is where the roadblock starts. The extension of programs into backward rural regions, using highly trained African personnel, doesn't seem to stick very well. Those personnel get back to home base, the largest city in their country, as rapidly as possible.

The programs that seem to hang on a bit longer are those in which special attention has been given, not at the doctor level, but at the nurse practitioner level and others, who are residents of the village and have no intention of leaving it. That is where their home and their farm and their family are.

There are very eloquent spokesmen on the African scene who will, with glowing eyes, describe their scheme, made up in headquarters, for the development of health programs throughout Africa – schemes into which the money from foreign agencies will be poured. If I sound cynical and skeptical, it is because I have seen too much.

It becomes clear that vast amounts of money may be available from international agencies, and can be misused. There are two levels of funding available. One is the elaboration and continuation of disease study programs, carefully kept separate from programs of health care delivery. At present this is at a funding level very much lower than the second funding level – that for health care delivery, which as I mentioned before, uses vast sums of money.

It is always going to be thus, but if we do not continue to fund programs for research into health problems, then the situation in connection with the delivery of appropriate health services is certainly not going to improve. The door is open for the waste of this money.

Furthermore, in the sensitive area of international intervention and the local politics of these countries, it does seem to me that programs that are carefully defined to remain within the boundaries of increasing the knowledge of health problems are less likely to run into political difficulties than are programs revolving around participation in schemes of the delivery of health care. These latter programs, requiring the handling of large sums of money, become power structures within ministries with all of the attendant problems of jealousy, political opportunism, and so forth. The farther we can keep away from that type of situation, the better off we are likely to be.

In and About

Groundbreaking Ceremony Marks Beginning of Construction of New Hospital

More than 500 persons attended the groundbreaking ceremony on June 1 for the new \$65.5 million facility at Yale-New Haven Hospital. The building, which will replace the New Haven Unit, will contain a new emergency service, radiology department, surgery suite, and three patient-care floors, including a new pediatric floor.

Robert N. Giaimo, Democratic Congressman from Connecticut's Third District, and guest speaker at the ceremony, applauded the Hospital for the leadership it has shown in developing the project. "On the one hand," he said, "Yale-New Haven Hospital does not shrink from the challenge of replacing outmoded, antiquated and inadequate facilities. On the other hand, it has sought to plan its replacement in line with the financial realities of today, and has provided for a number of beds and associated facilities which meet the requirements of federally sponsored regional programs." Giaimo also commended the Hospital for involving community leaders in its planning.

Original plans for the replacement facility called for construction costs of about \$61.5 million and for 53 additional beds. The plans were altered by the State Commission on Hospitals and Health Care prior to approval of the application. The Hospital has filed a suit in the New Haven Superior Court seeking to overturn the Commission's decision.

During the ceremony, C. Thomas Smith, president of Yale-New Haven Hospital, noted that considerable progress has been made in moving the project forward. He indicated that the City of New Haven had recently issued a permit for the foundation work, which is now underway.

The seven-story building is being built on the parking lot formerly occupied by the St. John the Evangelist Church, on South Street, between Davenport Avenue and Park Street, and will connect to the Memorial Unit. Most of the beds presently located in the New Haven Unit will be moved to the new facility, and integrated services in medicine, surgery, and pediatrics will be created between the new structure and the Memorial Unit.

The building, which is scheduled for occupancy in April 1982, will contain 289,700 square feet. Emergency and urgent visit facilities will be located on the first floor; a centralized diagnostic radiology facility on the second floor; a surgical suite on the third floor; and inpatient nursing units on the remaining floors. Bridges on the second and third levels will connect the new structure and the New Haven Unit, which will be renovated for support services and to expand space for clinical laboratories.

Speaking on behalf of the City of New Haven, Mayor Frank Logue called the Yale-New Haven Medical Center a strength in the city and a very vital part of the community. He said the construction project has far-reaching benefits, both for medical care and for the economy of the city.

Richard H. Bowerman, chairman of the Board of Trustees of the Hospital, was master of ceremonies for the groundbreaking. Other participants included Rev. Timothy A. Meehan, who delivered the invocation, and Virginia Wells, president of the Health Systems Agency of South Central Connecticut. Rev. Dr. Edward F. Dobihal, Jr., director of the Department of Religious Ministries at the Hospital, gave the benediction at the end of the ceremony.

A brief history of the building program

The building program now under way is the outgrowth of more than two decades of active planning, eight years of functional and program considerations and two years of active architectural work and review by planning and regulatory agencies.

Action to begin the project as currently proposed was first taken by the Hospital Board of Trustees in the summer of 1977. The Board agreed with long-range plans and program work that indicated the necessity of replacing antiquated parts of the Hospital's New Haven Unit. In the fall of that year, the hospital staff worked closely with the staff and board members of the Health Systems Agency of

South Central Connecticut, and of the Commission on Hospitals and Health Care, in order to discuss preparation of the Hospital's Certificate of Need application.

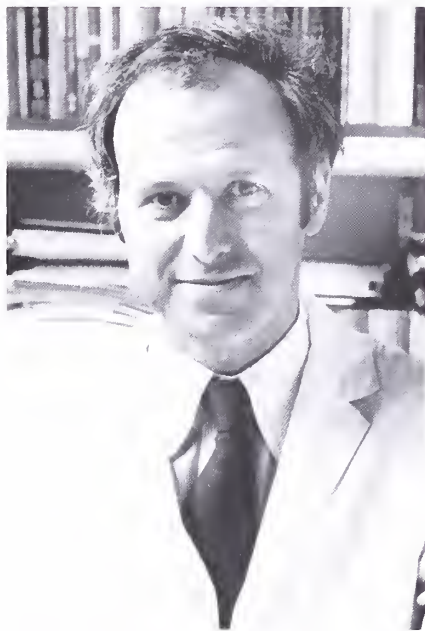
Following extensive review, the Health Systems Agency gave its full support to the project, while the Commission gave limited backing, approving the project but reducing the proposed number of beds, operating rooms, square footage and other key elements. The Hospital has brought suit against the Commission to recover the full scope of the project for which application was originally made.

Public hearings before both agencies were held. During more than 10 days of hearings, 100 witnesses from the New Haven area and other parts of Connecticut were heard. Support was expressed for the project by representatives of cities and towns in South Central Connecticut, and by representatives of business, labor, the banking community, and advocates for the low-income and minority populations, as well as from health services professionals.

A separate application to provide appropriate equipment for the hospital, representing \$8.3 million of the \$65 million scope of the building program, was approved by both the Health Systems Agency and the Commission. Work began on the site of the new facility in April and completion is scheduled for December 1981, with occupancy anticipated in the spring of 1982.



G. Harold Welch, Jr.



Emile L. Boulpaep, M.D.

G. Harold Welch, Jr. Appointed President of Y-NH Medical Center

The Board of Directors of Yale-New Haven Medical Center, Inc., has announced the appointment of G. Harold Welch, Jr. as President. Mr. Welch has been a member of the Board of Yale-New Haven Medical Center and is a former Chairman of the Board of Yale-New Haven Hospital. He succeeds Dr. Edmund D. Pelligrino, who resigned to accept the presidency of The Catholic University of America.

Yale-New Haven Medical Center, Inc., was created to further the joint objectives of Yale-New Haven Hospital, Yale School of Medicine, and Yale School of Nursing. Under its aegis the immediate need for the replacement bed facility at the Hospital was perceived and architects selected.

In a joint statement, Richard H. Bowerman, Chairman of the Board of Yale-New Haven Hospital, and President A. Bartlett Giamatti of Yale, said, "We are most fortunate to have a man of Harry Welch's breadth of experience and capacity to assume this important position. We are confident he will give YNHMC vigorous leadership in its role as a vital forum for, and a link between, the various segments in the medical community."

Long active in New Haven business and civic affairs, Mr. Welch is a graduate of Yale College, Class of 1950, and of the Stonier Graduate School of Banking. From 1973 to 1977, he was president and chief executive officer of The Edward Malley Company. Previously, he was vice-president of White Weld and Company (1965-1973), on the staff of Charles W. Scranton and Company (1962-1965), and with the First New Haven National Bank (1950-1962). He was a civilian employee with the Department of the Army from 1950-1953.

Currently, Mr. Welch is a member of the South Central Connecticut Regional Water Authority, and is a director of the First Bank; of Applied Data Processing, Inc.; of Harken Oil and Gas Company; of the Gesell Institute of Child Development; and of the New Haven Foundation for Medical Care.

A New Chairman is Appointed to the Department of Physiology

Dr. Emile L. Boulpaep, a distinguished teacher and scientist in the field of kidney research, has been appointed professor and chairman of the Department of Physiology.

Dr. Boulpaep has gained international recognition as a leader in the field of kidney research, and specifically for his work on membrane transport of salts and water in the kidney tubule. As a member of the Yale faculty, he has also made significant contributions to the teaching program in physiology, and has served as chairman of the basic science subcommittee of the Curriculum Committee at the School of Medicine. He joined the faculty in 1969 as an assistant professor of physiology, and was appointed associate professor in 1971.

Born in Aalt, Belgium in 1938, Dr. Boulpaep received from the University of Louvain the Candidature en sciences medicales et naturelles in 1958; an M.D. degree in 1962; and the Licencie en Sciences medicales in 1963. In 1962, he was First Laureate of the Specia Prize of the University's Faculty of Medicine, and in 1964, as a graduate fellow, he was awarded the Edgar Rickard Fellowship of the Belgium American Educational Foundation.

Dr. Boulpaep was an assistant in the University of Louvain's Department of Physiology from 1962 until 1966, when he was appointed instructor-in-chief assistant. In 1964, he took a two-year leave of absence to work as a research fellow in physiology at Cornell University Medical College. He returned to Cornell for one year in 1968, as assistant professor of physiology.

As chairman, Dr. Boulpaep succeeds Dr. Joseph F. Hoffman, who was appointed in 1973. Dr. Hoffman, who is Eugene Higgins Professor of Physiology, plans to return full-time to his research in cellular and comparative physiology.

A Section of the History of Medicine is Established and a Chairman is Appointed

At its March meeting, the Yale Corporation established a Section of the History of Medicine, and appointed Frederic L. Holmes chairman and professor of the history of medicine. Professor Holmes is internationally recognized as a leading scholar in the history of medicine and science, particularly in the fields of physiology and chemistry.

Establishment of the new Section in the School of Medicine represents the faculty's strong commitment to continuation of educational programs in medical history. It will provide courses for instruction in this field, especially for students in medicine and public health, as well as offer introductory courses for Yale College students. It will also provide resources for scholarly research by postdoctoral students and faculty.

In addition to the appointment of Professor Holmes, the Corporation also appointed Arthur J. Viseltear to the Section as associate professor of the history of medicine. It is anticipated that a number of faculty in the School of Medicine will participate with Professors Holmes and Viseltear in presenting courses and seminars.

Professor Holmes, who at the time of his appointment was chairman of the Department of Medicine and Science at the University of Western Ontario, had been on the faculty of the Department of

the History of Science and Medicine at Yale from 1964 to 1972. A graduate of the Massachusetts Institute of Technology, he received an M.A. degree in history, and a Ph.D. degree in history of science from Harvard University. While at Harvard, he received the Schumann Prize of the History of Science Society, which later awarded him the Pfizer Prize in 1975. In 1978, the American Association for the History of Medicine presented to him the William H. Welch Medal. He is the author of *Claude Bernard and Animal Chemistry* (Harvard University Press, 1974), and numerous articles on the history of medicine.

Professor Viseltear, who has achieved national recognition as a leading authority in the area of contemporary medical history, received his B.A. degree from Tulane University, and his Ph.D. degree in history, and M.P.H. degree from the University of California at Los Angeles. He joined the Yale faculty in 1969. For several years he has taught courses and seminars in the history of medicine and public health. In 1974, he was one of the inaugural group of six Robert Wood Johnson Health Policy Fellows selected for a year of Congressional assignment in Washington, D.C. Dr. Viseltear has been adviser to Yale's Contemporary Medical Care and Health Policy Collection since 1975, and is an elected member of the Council of the American Association for the History of Medicine. He is author of numerous medical history articles and essays.

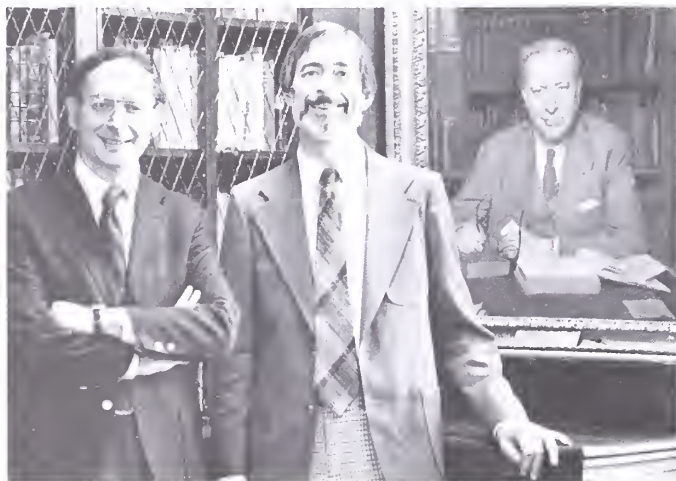
Rosen Prize Presented to Elizabeth H. Thomson

Elizabeth H. Thomson has been awarded the George Rosen Prize in the History of Medicine. The award is presented annually by the Beaumont Medical Club to a "prominent scholar in the history of medicine". Miss Thomson, who is the author of the article on Peter Parker on page -- of this issue of *Yale Medicine*, is research associate of the history of medicine.

The Rosen Prize was established last year in honor of the late Dr. George Rosen, who was professor of the history of medicine and epidemiology, and a noted medical historian and authority on public health education. The prize is the gift of Mr. Neale Watson, a New York publisher of historical medical texts.

Miss Thomson joined the staff of the Yale Historical Library in 1945. She is co-author with Dr. John F. Fulton of *Benjamin Silliman: Pathfinder in American Science*, and editor emeritus of the *Journal of the History of Medicine and Allied Sciences*.

The citation for the George Rosen Prize read in part: "Elizabeth H. Thomson – editor, historian, biographer, counsellor, and friend – with a charm, humility, and grace uncommon in academe, you have combined the skill and craftsmanship of the editor with the archivist's instinct and the researcher's precision to give us enduring works in the history of medicine, such as a biography of Harvey Cushing, a study of Benjamin Silliman (with John F. Fulton), and an edited version of the hitherto unknown journal of the nineteenth century American physician, William Tully . . . You have befriended and reassured generations of authors and taught them, often without their actually knowing it, how to be better thinkers and thereby better historians."



Dr. Viseltear, left, and Dr. Holmes in front of a portrait of Dr. John F. Fulton, Yale's first Sterling Professor of the History of Medicine, and chairman of the Department of the History of Medicine from 1951 to 1960.

Book Honors Miss Thomson

Benjamin Silliman and His Circle, edited by Leonard G. Wilson, has recently been published by Science History Publications, a division of Neale Watson Publications, Inc. (New York), 227 pp, illus.

The book, subtitled "Studies on the Influence of Benjamin Silliman on Science in America", was prepared in honor of Elizabeth H. Thomson, who retired in 1972 from the Department of the History of Science and Medicine. In the preface, the editor notes: "Instead of the usual festschrift, our aim was to prepare a group of related essays that would contribute to historical understanding of Benjamin Silliman, in whom Elizabeth Thomson has been so long and so deeply interested."

Awards and Honors, 1979

The Francis Gilman Blake Award is presented each year by the graduating medical school class to the outstanding teacher of the medical sciences. The award this year was presented to Dr. Shanta Kapadia, an instructor in anatomy.

Dr. Keith Young, an intern, and Dr. Rex Mahnensmith, a second year resident both in medicine, received *The Samuel D. Kushlan Awards*. Established in 1969, the awards recognize the intern and the second year resident who have contributed the most to patient care during rotation through the Memorial Unit Medical Service. Selections are made in consultation with the clinical faculty and the nursing service.

The Betsy Winters House Staff Award is presented annually to the member of the house staff of the Yale-New Haven Hospital who has made the most significant contribution toward the education of medical students. The selection is made by the senior class, who this year presented the award to Dr. Robert Altbaum, a resident in medicine.

Dr. Samuel D. Kushlan, clinical professor of medicine, received *The Benedict R. Harris Award*. It is presented each year to the private attending physician, selected by the second year residents in medicine, who had contributed the most to their education during the year.



Dr. Lidz Honored

The Department of Psychiatry sponsored an international conference on April 9 and 10 in honor of Dr. Theodore Lidz, Sterling Professor Emeritus. This two-day meeting on "Psychotherapy of Schizophrenia: Current Status and New Directions" brought together many of the major contributors to the field of schizophrenia. There were eighteen distinguished guest faculty from this country and abroad in addition to members of the department.

Dr. Lidz, who is well known for his research and writings on schizophrenic disorders, came to Yale from Johns Hopkins University as professor of psychiatry in 1951. He served as psychiatrist-in-chief at Grace-New Haven Hospital and psychiatrist-in-chief at the Yale Psychiatric Institute from 1951 to 1961 and was chairman of the Department of Psychiatry from 1967 to 1969. In 1977 he was named Sterling Professor of Psychiatry.

On the evening preceding the conference, a dinner for Drs. Theodore and Ruth Lidz was attended by participating faculty, friends and colleagues. Many of those present rose to speak about the Lidzs' wide range of contributions to the field of psychiatry, to the arts and to the academic institutions which they have served. The highlight of the evening was the unveiling of a portrait of Dr. Theodore Lidz by Rudolph Zallinger, a well-known New Haven artist. The painting has been hung in the conference room of the Department of Psychiatry.

Congratulations to the Class of 1979

One hundred and three students received M.D. degrees on May 21 in a ceremony at the School of Medicine, following the Yale University commencement on the Old Campus. Four students were awarded joint M.D./Ph.D. degrees, and four were awarded joint M.D./M.P.H. degrees.

Dr. Howard Levitin, associate dean and director of student affairs, welcomed the graduates and their guests, after which Dr. James Comer, associate dean, presented honors, prizes and awards. Dean Robert W. Berliner then awarded the degrees. His daughter, Nancy, was among nineteen students to receive their degree *cum laude*. The commencement address this year was delivered by Dr. Thomas Duffy, associate professor of medicine.

In a blue and white striped tent in front of the Laboratory of Epidemiology and Public Health, Dr. Robert W. McCollum, chairman, welcomed the 54 graduates of the Department of Epidemiology and Public Health and their guests. Forty-five students received the M.P.H. degree; seven were awarded Ph.D. degrees in Public Health, and two received Doctor of Public Health Degrees.

During the ceremony, Drs. Lowell Levin, Arthur Viseltear, George Silver and James Jekel, presented special awards to students. Kathleen Howe, assistant dean, delivered the commencement address.

Former Editor of the New England Journal of Medicine Receives Honorary Degree

At the commencement ceremony on the Old Campus, Yale University conferred 13 honorary degrees. Among the distinguished representatives of science, the arts, government, industry and education honored was Dr. Franz Joseph Ingelfinger, editor emeritus of the *New England Journal of Medicine*. The citation to Dr. Ingelfinger read, "Distinguished Physician, Veterans Administration, and Editor Emeritus, *New England Journal of Medicine*. As clinician, you have pioneered in modern medical research. As teacher, you have inspired those who now hold positions of medical leadership around the world. As editor, in a remarkable second career, you made the *New England Journal of Medicine* essential and exciting to students and physicians everywhere. With special pride in a distinguished alumnus, Yale confers upon you, the degree of Doctor of Science."

Seasonal Note

Suddenly, in early July in the School of Medicine parking lot #93, there appeared a miracle of sorts. Some enterprising gardener, with green thumb and admirable optimism, has planted vegetables there.

Jammed in a rubbly patch of soil some 15 feet long and no wider than a table place mat, surrounded on three sides by black top and a sea of cars, and on the fourth by the formidable brick wall of the Medical Center power plant, are tomatoes, radishes, peppers, cabbages, two sorts of lettuce, beets and turnips. In their midst is a bright red fire hydrant. What amazes commuters, many who are frustrated gardeners from the more verdant suburbs, is that in this most unlikely place, the vegetables are flourishing as if planted in Eden.

Special Lectures 1978-1979

Through the generosity of friends and colleagues, a number of named lectures are presented throughout the academic year. These lectures, which are usually presented by faculty from other institutions, are an important aspect of the intellectual environment of the School, in that they often expose new or different viewpoints and insights, as well as an exchange of ideas.

The following lectures were presented during the past academic year:

- | | |
|-------------|--|
| November 27 | Clyde L. Deming Lecture
Dr. William Brannan, Ochsner Clinic, New Orleans, La.
"The Role of Partial Cystectomy in the Treatment of Bladder Tumor" |
| January 17 | Samuel Kushlan Annual Lecture
Dr. Irwin Rosenberg, University of Chicago
"The Metabolic Complications of Inflammatory Bowel Diseases" |
| February 28 | Phyllis T. Bodel Lecture
Dr. Dorothy Bainton, University of California, San Francisco
"The Role of Phagocytic Leukocytes in Host Defense" |
| March 5 | Samuel C. Harvey Lecture in the History of Surgery
Dr. Guido Majno, University of Massachusetts
"Reflections on the Art of Medicine" |
| March 15 | Arnold D. Welch Pharmacology Lecture
Dr. Efraim Racker, Cornell University
"Mechanism and Control of Ion Transport in Normal and Cancer Cells" |
| March 26 | John Meyer Lecture
Dr. Lowell King, The Children's Memorial Hospital, Chicago, Ill.
"Recent Advances in Pediatric Urology" |
| March 29 | Caldwell B. Esselstyn Lecture
Dr. Lewis Thomas, Memorial Sloan-Kettering Cancer Center, New York, N.Y.
"Health and the Quality of Life" |
| April 20 | Seventh Annual Louis H. Nahum Lecture
Dr. Thomas W. Smith, Harvard Medical School
"Digitalis: Basic Mechanisms and Clinical Implications" |
| May 22 | Rogowski Memorial Lecture
Dr. Lewis P. Rowland, College of Physicians and Surgeons, Columbia University
"Myoglobinuria, 1979" |
| May 25 | Third Annual Peter F. Curran Lecture in Physiology
Dr. Isidore S. Edelman, College of Physicians and Surgeons, Columbia University
"Aldosterone Revisited: Some New Molecular Gossip" |

Faculty Notes

Dr. Paul Greengard was co-recipient of the CIBA-Geigy Drew Award in Biomedical Research for 1979. The award recognizes top quality research which extends biomedical knowledge into new areas. Dr. Greengard is professor of pharmacology and psychiatry.

Gettysburg College presented the Distinguished Alumni Certificate to **Dr. Howard Rasmussen** during commencement exercises in May. Dr. Rasmussen, professor of medicine and cell biology, is a 1948 graduate of Gettysburg College, which honored him for his many and varied medical accomplishments, particularly his widely recognized research into protein hormones.

The American Academy of Arts and Sciences elected **Dr. Byron Waksman** a Fellow at a meeting held in Boston on May 9. Dr. Waksman is professor of pathology (immunology) and biology.

Dr. Robert J. Levine, professor of medicine, has been named editor of a new periodical, "IRB: A Review of Human Subjects Research", published ten times a year by The Hastings Center, Institute of Society, Ethics and the Life Sciences. The periodical, seeks to facilitate a better understanding of the ethics and regulations of research, as well as the complexities of the review process. Dr. Levine is chairman of the Human Investigation Committee at the School of Medicine.

Three School of Medicine faculty have been appointed Macy Faculty Scholars for 1979-80. They are **Dr. Stephen Malawista**, professor of medicine and head of the Section of Rheumatology, who will study cell biology at the Institut de Pathologie Cellulaire, Kremlin-Bicetre, France; **Dr. Joseph Warshaw**, professor of pediatrics and obstetrics and gynecology, and head of the Newborn Special Care Unit, who will continue his research in neonatal physiology at the Sir William Dunn School of Pathology, University of Oxford, England; and **Dr. Robert Yu**, associate professor of biochemistry, who will conduct research in neurobiology at Tokyo Metropolitan Institute of Gerontology. The awards were established by the Josiah Macy, Jr., Foundation to enable senior faculty

from medical schools in the United States and Canada to undertake six months to a year of concentrated research and study at institutions in this country and abroad.

McGill University has conferred the first Louis and Arthur Lucien Award for Research in Circulatory Diseases to **Nicolae and Maya Simionescu**, research associates in the Section of Cell Biology. As stated in its presentation, "the purpose of this Award is to honor scientific investigators whose contribution to the knowledge in this field is deemed worthy of special recognition." The Award Committee recognized the outstanding contributions made by the Simionescus to current knowledge on the ultrastructure and permeability of small blood vessels. This type of basic work is required for further progress in the understanding of vascular diseases.

Dr. A. Pharo Gagge, professor emeritus of epidemiology, has been elected a member of the National Academy of Engineering. He is one of 99 engineers elected to membership in the Academy, the highest professional distinction that can be conferred on an engineer. Professor Gagge has been cited for his contributions to the basic principles of air conditioning and bioengineering of heat transfer in man.

The American Laryngological, Rhinological and Otolological Society, Inc. has awarded the Edmond Prince Fowler Award to **Dr. Clarence T. Sasaki**. The award is given for excellence in basic research to authors of theses which the Council of the Society considers worthy of honoring the distinguished teacher for whom it is named. In addition, Dr. Sasaki, who is associate professor of otolaryngology, was made a Fellow of the Society.

Dr. Dorothy Horstmann, John Rodman Paul Professor of Epidemiology and professor of pediatrics, was the Third Alumni-Faculty Association Distinguished Professor at the University of California Medical School, San Francisco, in May. In addition to presenting a lecture on "Changing Concepts of Infectious Disease" at the Alumni-Faculty Session, she gave pediatric grand rounds on "Fatal Infectious Mononucleosis"; and a lecture to the Department of Pediatrics on "Rubella Vaccine Problems". She also led a discussion with a medical student club on the subject of research careers for M.D.'s.

Dr. John A. Kirchner, professor and chief of the Section of Otolaryngology, was elected president of the American Laryngological Association for 1979-80. Earlier this spring, Dr. Kirchner was invited to participate as a guest speaker at the bi-annual Congress of the Asia-Oceania Association of Clinical Otolaryngological Societies, held this year in Sydney, Australia. The topics he discussed included "Surgical Management of Massive Nasal Hemorrhage", "Conservative Surgery of Laryngeal Cancer", and "Transsphenoidal Surgery of Pituitary Tumors".

Dr. Harold O. Conn, professor of medicine, gave the first annual J. Loren Pitcher Non-memorial Lecture at the William Beaumont Gastroenterology Symposium, held in El Paso, Texas on March 18. The title of Dr. Conn's lecture was "The Naked Physician: The Blind Interpretation of Liver Function Tests".

New Books by Faculty

The Seasons of a Man's Life, By Daniel J. Levinson, *professor of psychology (psychiatry)*; with Charlotte N. Darrow; Edward B. Klein; Maria H. Levinson, *lecturer in psychiatry*; and Braxton McKee, *associate clinical professor of psychiatry*. Alfred Knopf (New York) 1978, 363 pp. (Also available in paperback.)

Hepatic Coma Syndrome and Lactulose. By Harold O. Conn, M.D., *professor of medicine*, and Milton M. Lieberthal, M.D. Williams and Wilkins (Baltimore) 1979, 402 pp.

Arend Bouhuys, M.D., Ph.D.

Dr. Arend Bouhuys, professor of medicine and epidemiology, died of a heart attack on June 15, aboard the Queen Elizabeth II. He had been a member of the School of Medicine faculty since 1964, and director of the Yale Lung Research Center since 1971. At the time of his death, he was enroute to the University of Utrecht, The Netherlands, where he had recently been appointed chairman and professor of the Department of Physiology.

Dr. Bouhuys, who was 53 years old, was well known for his research in the epidemiology of chronic lung diseases, and especially for his studies on the cause and treatment of byssinosis, an occupational illness associated with working conditions in cotton mills. In addition to his research on the disease, he campaigned vigorously for the setting and strict enforcement of cotton dust standards in the mills. He testified several times before Congress, and earlier this year, appeared on the CBS program, "Sixty Minutes", to support this cause.

His interests extended beyond science and medicine. A devotee of the fine arts, Dr. Bouhuys frequented museums, galleries and concert halls, and was himself a fine musician. He and his family enjoyed playing music together, and guests in the Bouhuys home often found themselves a part of a delightful impromptu musicale. Combining his profession with his musical interests, Dr. Bouhuys for several years worked with the Concertgebouw of Amsterdam, studying the physiology of playing wind instruments.

A prolific writer, he was the author of over 300 publications on lung diseases and related subjects. His most recent book, published in 1977, "The Physiology of Breathing", is a popular medical text. He was managing editor of "LUNG—An International Journal on Lungs, Airways and Breathing".

Born in Deventer, The Netherlands, Dr. Bouhuys attended the University of Utrecht, where he received the Basic Medical Science Certificate in 1946, and an M.D. degree in 1948. He received a Doctorate in Medical Science

in 1956 from the University of Amsterdam. Following internships in internal medicine at the University of Amsterdam, and in chest diseases at the University of Groningen, he was appointed Head of the Laboratory of Clinical Physiology at the University of Leiden in 1959.

He came to the United States in 1962 as assistant professor of physiology and medicine at Emory University School of Medicine in Atlanta, Georgia. In 1964, he was appointed associate professor of epidemiology at Yale, and a Fellow of the John B. Pierce Foundation Laboratory in New Haven. In 1968, he was promoted to professor of medicine and epidemiology.

Dr. Bouhuys was a member of a number of professional societies including the American Federation for Clinical Research; American Society for Clinical Investigation; American Physiological Society; American Thoracic Society; Association des Physiologistes; American Society for Pharmacology and Experimental Therapeutics; and Sigma Xi. He was a Fellow of the American Association for the Advancement of Science; the American College of Chest Physicians; and the American Society of Physicians.

In addition to his wife, the former Fenna G. van Gulik, Dr. Bouhuys is survived by five children: Hendrik Bouhuys of Hamden, Connecticut; Margaritha Bouhuys of Denver, Colorado; Welmoed Bouhuys, a student at the University of Utrecht; and by his former marriage, Henriette Bouhuys of Amsterdam; and Jaaike Bouhuys of Zwolle, The Netherlands.

Maxwell Pasternak, M.D.

Dr. Maxwell Pasternak, clinical professor of psychiatry until his retirement in June 1977, died on March 18, 1979 at the Sarasota Memorial Hospital, in Florida.

Born in Toronto, Canada on September 22, 1907, Dr. Pasternak was educated there and received his M.D. degree from the University of Toronto in 1936. He interned in Hammond, Indiana and then became a resident on the Harvard Neurological Service at Boston City Hospital. Subsequently he came to Yale for training in psychiatry in 1940 and became an instructor in 1942. After three years of service as a flight surgeon in the United States Army Air Corps, Dr. Pasternak returned to New Haven and again became a member of the clinical faculty, and also an attending psychiatrist at the New Haven Hospital. He was in private practice in New Haven from then until his retirement in 1977 when he moved to Florida. His retirement was, for the major part, conditioned by repeated myocardial infarctions and increasing angina toward the end of his life. This he bore with fortitude and maintained his many professional and social contacts and interests to the end of his fore-shortened life.

Throughout his professional life in New Haven Dr. Pasternak was an active and important part-time member of the Department of Psychiatry, teaching consistently, faithfully and effectively in the medical clinics of the Yale-New Haven Hospital. His interest in the Department and the School and his devotion to his colleagues and students were outstanding, and he played a major and leading role in the continued close collaboration between the full- and part-time faculties in psychiatry. Since he retired, his help and guidance have been missed, and he will always be remembered as a valued colleague and friend.

Dr. Pasternak is survived by his wife, Carol Morgan Pasternak, his son and only child, Dr. Richard Pasternak of Boston, and two sisters, Mrs. Mark Hand and Mrs. David Cadesky, both of Toronto, Canada. S.F.

1928

Sheldon Jacobson returned to Vancouver, Washington this past spring after three months as a visiting professor of pathology at Ben Gurion University of the Negev at Beersheba, Israel, where he gave a course in bone pathology.

1947

Amoz Chernoff has been appointed director of the Division of Blood Diseases and Resources in the National Heart, Lung, and Blood Institute. Dr. Chernoff's responsibilities will be to oversee the planning and administration of a national program of prevention and control of blood diseases and improvement of the management of the nation's blood resources.

At the time of his appointment, Dr. Robert I. Levy, the Institute's director, commented: "Dr. Chernoff is perhaps best known for his research on hemoglobin. He was the co-discoverer of hemoglobin E and his studies on hemoglobin F resulted in his being honored in 1962 with one of the first Public Health Service Research Career Awards. He earned an excellent reputation as a manager while serving as associate vice chancellor for academic affairs at the University of Tennessee Center for the Health Sciences and will bring new direction and vitality to an important component of the Institute."

1949

The spring 1974 issue of *Yale Medicine* had an article about **David Halvorsen** and the boat (a 47-foot ketch) that he was building in Owatonna, Minnesota.

Having retired from family practice in Minnesota, he and his wife, Maxine, now have a home on the Connecticut River between Essex and Deep River. A recent letter from Dr. Halvorsen brings us up to date; following are excerpts from his letter:

"The boat is not complete and seaworthy so we had it hauled by special truck to the Essex Boat Works here. . . Our home on the river has a pier with 10-12 feet of depth at mean low tide so that we will be able to moor *Venture* here, at least during most of the year.

"We are not interested in absolute retirement just yet but are working on the boat and looking into other areas of challenge that are interesting. . . It has

taken us a few years to make it back but we still have maintained contact with many friends from Yale days and it is most enjoyable to us to renew old friendships.

"We are building the boat as we enjoy doing it without setting a definite date for completion. It is and has been a most enjoyable and relaxing hobby and we fully intend to keep it that way."

1952

Robert Petersdorf will become the president, as of October 1, of the Affiliated Hospitals Center, Inc., in Boston. The AHC is comprised of Boston Hospital for Women, Peter Bent Brigham Hospital and Robert B. Brigham Hospital. He will have overall responsibility for the development and academic affairs of the medical center and its relationships with external organizations. Dr. Petersdorf has also been appointed professor of medicine at Harvard Medical School.

For the past fifteen years, he has been chairman of the Department of Medicine at the University of Washington in Seattle and physician-in-chief at the University of Washington Hospital. Dr. Petersdorf has held leadership positions in many medical organizations, and from 1972 to 1977 served on the Advisory Committee to the director of the National Institutes of Health. Currently he serves on the Council of the Institute of Medicine of the National Academy of Sciences and is chairman of a committee to study the impact of clinical investigation in developing countries. He has recently been appointed a member of the Liaison Committee on Graduate Medical Education.

Dr. Petersdorf and his wife, Patricia, have two sons: Stephen, who will enter medical school at Brown University in the fall; and John, who will be a freshman in college.

Harvey Young has been named "Spokane Doctor-Citizen of the Year" by the Spokane County Medical Society. He was recognized for his accomplishments in medical, civic and religious activities. Dr. Young worked as a family physician in private practice before joining the Spokane Valley General Hospital emergency room staff. As medical director of the Medical Service Corporation of Eastern Washington, he works with Blue Shield

physician-sponsored health insurance programs in eleven counties. He currently is vice president of the Washington State Medical Association.

1953

Paul Quie, professor of pediatrics, laboratory medicine and pathology, and microbiology, has been elected chief of staff at University of Minnesota Hospitals and clinics.

1955

Robert Kramer has recently been appointed medical director of the Newington Children's Hospital in Newington, Connecticut. He has served on the faculty of the University of Connecticut School of Medicine since 1968 and was chief of pediatrics at the Mt. Sinai Hospital in Hartford from 1974 to 1978.

1957

Harry Briggs, who is in private practice in surgery in Winsted, Connecticut, began a six-year term as a member of the Clark University (Worcester, Mass.) Board of Trustees, on July 1. Dr. Briggs, a Fellow of the American College of Surgeons, was president of the Connecticut Society American Board of Surgeons in 1977.

1961

Robert Levy presented the General Diagnostics Award Lectureship at the opening session of the American Association for Clinical Chemistry's 31st National Meeting in New Orleans in July. He was honored for his outstanding contributions to the study of high density and low density lipoproteins. The lecture was entitled, "Lipoproteins, Apoproteins, and Heart Disease: Present Status and Future Prospects."

Dr. Levy, director at the National Heart, Lung and Blood Institute, NIH, has introduced, in collaboration with Dr. Donald S. Fredrickson and others, a comprehensive approach to the classification of the hyperlipoproteinemias including the clarification of their mechanisms and development of appropriate therapies. He has also emphasized the importance of studying the apoproteins in order to more clearly understand lipid metabolism.

1962

David Gelfand has been promoted to professor of radiology at the Bowman Gray School of Medicine effective July 1. Dr. Gelfand's specialty is gastrointestinal radiology, and before joining the faculty in 1975, he was associate professor of radiology at Wayne State University College of Medicine. He is a Fellow of the American College of Gastroenterology and a member of the American College of Radiology and the Radiologic Society of North America.

1963

The P. Browning Hoffman Memorial Fund has been established at the University of Virginia, where Dr. Hoffman was professor of psychiatry and professor of law at the time of his death. He served as director of the University's Institute for Law, Psychiatry and Public Policy and also as director of the Forensic Psychiatric Clinic.

1965

Victor Burner, a member of the Board of Trustees of the Southern California Conservatory of Music, wrote recently: "My major news is publication of a libretto this year, *The Fourth Epistle of John*, subtitled *David and Jonathan*; no composers have come forth yet."

1976/1977

Karen Kelly ('77) and **William Levy** ('76) were married in March. The bride, who will keep her maiden name, is a resident in medicine at Temple University Hospital in Philadelphia and Dr. Levy is a medical resident at the University of Pennsylvania Hospital. The Rev. David Duncombe, chaplain of the School of Medicine at Yale, performed the ceremony in New Canaan, Connecticut.

1977

Diana Wasserman, a resident in pediatrics at University of Pennsylvania Children's Hospital, was married in June to Dr. John Prescott Glazer, a fellow in infectious diseases at Children's Hospital. After July 1, the couple began appointments at Ohio State University where Dr. Glazer became an assistant professor of pediatrics and his bride will be completing her pediatric residency there at Children's Hospital.

House Staff

1946

In May, when **John McGovern** was presented with the honorary degree of Doctor of Humane Letters by South-eastern University in Washington, D.C., he was cited for the "extraordinary range of his activities, contributions and authority." On the faculties of Baylor College of Medicine and University of Texas Medical School as well as of six other institutions of higher learning, Dr. McGovern is also director of the McGovern Allergy Clinic and chairman of the Texas Allergy Research Foundation in Houston.

1968

Rollin Johnson has been appointed an associate clinical professor of surgery (orthopedics) at Yale. He is a member of the Hampshire Orthopedics, Inc., group practicing in Northampton, Massachusetts; however, he returns to Yale weekly and continues to operate his laboratory at the Veterans Administration Hospital in West Haven, completing studies on spinal instability.

Public Health

1965

In Washington, D.C., **Elliot Segal** has been named staff director of the House of Representatives Health Subcommittee where he is to concentrate on oversight and investigations, functions which are to be emphasized by Subcommittee chairman, Rep. Waxman (D-Calif.).

Mr. Segal has been heading the House Commerce Oversight Subcommittee's health task force staff, conducting investigations of such topics as unnecessary surgery and conflict of interest on the Blues boards. Before that, he held an American Association for the Advancement of Science fellowship and was working with Sen. Magnuson's (D-Wash.) Health Appropriations Subcommittee.

1967

At Connecticut College Commencement ceremonies in May, **Elizabeth Whelan** received the Connecticut College Medal primarily for her work with the American Council on Science and Health in researching and publishing studies on cancer and its relationship to chemicals in the environment. The Medal, symbolizing the highest values of the College, has been awarded annually since 1969 "to pay public tribute to graduates and others intimately associated with the College who, through distinguished achievement, have made significant contributions to society," and whose accomplishment "is held up as a model to the graduating seniors."

Dr. Whelan, an alumna of Connecticut College, established the American Council in 1978 with 45 leaders from the scientific community as members, to "review the benefits and health risks associated with specific chemicals, working conditions and lifestyles." She describes her work with the American Council as a concentrated, nationally organized drive to "put common sense and science" together in assessing national public health policies.

1969

Samuel Korper has recently been appointed associate director for Legislation, Epidemiology and the Environment, in the Office of the Deputy Assistant Secretary for Health, Research, Statistics, and Technology.

In 1976 as a Robert Wood Johnson Health Policy Fellow, Dr. Korper was involved in the areas of statistics, child health, cancer and environmental health when he served as legislative assistant to the Subcommittee on Health and Environment, of the House Committee on Interstate and Foreign Commerce. Subsequently, he worked in the Department of Health, Education, and Welfare both with the National Center for Health Statistics and the National Center for Health Services Research (NCHSR). More recently, he has been senior research manager with the NCHSR which has provided staff support to the Graduate Medical Education National Advisory Committee. This committee is developing recommendations concerning physician specialty and geographic distribution and the financing issues which may influence this distribution in the future.

1977

Ellen Jaslow has been named vice president/planning at Middlesex General Hospital in New Brunswick, New Jersey, the primary teaching hospital of the College of Medicine and Dentistry of New Jersey-Rutgers Medical School. A major part of Ms. Jaslow's new responsibilities will be to coordinate the certificates of need required for each move of medical school teaching programs to the hospital as part of its long-range plan. In addition, she will incorporate into all plans ways to most effectively meet the health care needs of the greater New Brunswick community.

Prior to her new position, Ms. Jaslow had been associated with the Regional Health Planning Council in Newark, the health systems agency for five New Jersey counties, where she developed and implemented plans for emergency medical, prevention and dental health services.

Are You Moving?

Please send us your new address so that the mailing list for *Yale Medicine* can be kept up to date.

We welcome news items for the "Alumni News" section, especially news of honors and awards, election to office in professional societies, foreign travel, and similar news about yourself and your classmates. Items should be sent to the Editor, *Yale Medicine*, 333 Cedar Street, New Haven, Connecticut 06510.

Necrology

'11 M.D.	Genesis F. Carelli, March 29, 1979
'19 M.D.	Michael M. Devenis, May 28, 1978
'24 M.D.	Edward S. Goodwin, April 11, 1979
'33 M.D.	Myron J. Adams, April 9, 1979
'34 M.D.	V. Gerard Ryan, February 20, 1979
'37 M.D.	Bernhard Hartman, June 5, 1979
'38 M.D.	William S. Maurer, December 14, 1978
'42 M.D.	William A. I. Greenlaw, January 5, 1979
'42 Hs.	Jules A. Plaut, February 6, 1979
'62 M.D.	Nathaniel A. Young (died recently)
'63 M.D.	P. Browning Hoffman, February 7, 1979
'69 M.P.H.	Edward I. Poriss, D.D.S., January 14, 1978

**Mark your calendar and plan to attend
the 1980 ALUMNI WEEKEND – Friday and Saturday, MAY 30 and 31**

Class of 1979

First Year Postgraduate Medical Education Appointments

Name of Student	Type of Position	Hospital
John Barrel Barnes, Jr.	Surgery	University of California Hospital, Los Angeles
Debra Ann Barrett	Obstetrics & Gynecology	Hospital of the University of Pennsylvania, Philadelphia
Susan L. Greengold Benston	Medicine	Yale-New Haven Hospital
Ronald Jay Berenson	Medicine	University of Utah Affiliated Hospitals, Salt Lake City
Nancy Berliner	Medicine	Peter Bent Brigham Hospital, Boston, Massachusetts
Daniel Miguel Bethencourt	Surgery	University of Texas Affiliated Hospitals, Houston
Richard Doud Bey	Medicine	Mayo Graduate School of Medicine, Rochester, Minnesota
Linda Margret Bierer	Psychiatry	Yale-New Haven Hospital
Lawrence John Biris	Surgery	The New York Hospital, New York
Guthrie S. Birkhead, III	Medicine	University Hospitals, Boston, Massachusetts
Gershwin Theophilus Blyden	Medicine	Massachusetts General Hospital, Boston
Joann Norma Bodurtha	Pediatrics	Children's Hospital of Pennsylvania, Philadelphia
David Allen Brenner	Medicine	Yale-New Haven Hospital
John Kenneth Burkus	Surgery	Yale-New Haven Hospital
Roy Douglas Carlson	Medicine	Yale-New Haven Hospital
Sarah Ellen Carpenter	Pediatrics	University of California Hospital, Los Angeles
Michael Moon-Ki Change	Psychiatry	Neuropsychiatric Institute, University of California at Los Angeles
Tai Quoc Chung	Orthopedic Surgery	Stanford University Hospital, Stanford, California
Barbara Dawn Chuoke	Medicine	University of Texas Southwestern Affiliated Hospitals, Dallas
Paul Edward Collier	Surgery	Allegheny General Hospital, Pittsburgh, Pennsylvania
Kerry Cooper	Medicine	Yale-New Haven Hospital
Isabel Cunningham	Medicine	Presbyterian Hospital, New York, New York
Norman Lynn Elliott	Medicine	Grady Memorial Hospital, Atlanta, Georgia
Lu-Jean M. Feng	Surgery	University of California Hospital, San Francisco
Orlando Sixto Fernandez	Surgery	Presbyterian Hospital, New York, New York
Jose L. Ferrer, Jr.	Surgery	North Shore University Hospital, Manhasset, New York
Elizabeth J. Feuer	Pediatrics	Bridgeport Hospital, Bridgeport, Connecticut
Paul L. Fine	Medicine	The New York Hospital, New York
John Alan Fox	Surgery	University of California San Diego Affiliated Hospitals, San Diego
Joel Ira Franck	Surgery	Syracuse Medical Center, Syracuse, New York
Lloyd Neal Friedman	Medicine	Beth Israel Hospital, New York, New York
Priscilla Anne Furth	Medicine	Mount Sinai Hospital, New York, New York
John Jay Gargus	Pediatrics	Yale-New Haven Hospital
William James Gealy, Jr.	Medicine	University of Michigan Affiliated Hospitals, Ann Arbor
Phillip Michael Gendelman	Medicine	Waterbury Hospital, Waterbury, Connecticut
Bruce David Halperin	Medicine	Stanford University Hospital, Stanford, California
Edward Charles Halperin	Medicine	Stanford University Hospital, Stanford, California
Michael Robert Hausman	Surgery	University of Colorado Affiliated Hospitals, Denver
Marc Kopel Hellerstein	Medicine	Medical Center Hospital of Vermont, Burlington
Harlan Eliot Ives	Medicine	Presbyterian Hospital, New York, New York
Arthur C. Johnson, III	Medicine	University of Hawaii Hospital, Honolulu
Jeffrey Louis Kaine	Medicine	Barnes Hospital, St. Louis, Missouri

Leslie Jay Katz	Medicine	University of Virginia Hospital, Charlottesville
Helen Ho Kay	Obstetrics & Gynecology	George Washington University Hospital, Washington, D.C.
Roxanne Elaine Kendall	Pediatrics	Long Island Jewish Hospital, New York, New York
Shannon Celeste Kenney	Medicine	University of North Carolina, Chapel Hill
Vincent Emmanuel Kerr	Medicine	University of Oklahoma Hospitals, Oklahoma City
Anne A. Knowlton	Medicine	Boston City Hospital, Boston, Massachusetts
Jonathan Eliahu Kolitz	Medicine	North Shore University Hospital, Manhasset, New York
David E. Krieger	Medicine	Wadsworth Veterans Administration Hospital, Los Angeles California
C. Seth Landefeld	Medicine	University of California Hospitals, San Francisco
Forrester Ashe Lee, Jr.	Medicine	Yale-New Haven Hospital
Wing-Yin Leong	Pediatrics	Los Angeles County-University of Southern California Medical Center, Los Angeles
Michael Kenneth Lindsay	Obstetrics & Gynecology	St. Louis University Hospital, St. Louis, Missouri
Karl F. Machata	Family Practice	Memorial Hospital, Pawtucket, Rhode Island
Craig Mark Mason	Medicine	Waterbury Hospital, Waterbury, Connecticut
Shirley Mae McCarthy	Medicine	Waterbury Hospital, Waterbury, Connecticut
Timothy Wayne McKeithan	Pathology	University of Chicago Clinics, Chicago, Illinois
Jeffrey Stephen Melamed	Medicine	Newton Wellesley Hospital, Newton Lower Falls, Massachusetts
Rafael Luis Montalvo, II	Medicine	Hospital of St. Raphael, New Haven, Connecticut
Elizabeth H. Moore	Medicine	Royal Victoria Hospital, Montreal, Quebec, Canada
Thomas Richard Moore	Obstetrics & Gynecology	Naval Regional Medical Center, San Diego, California
Richard Mynick	Medicine	Martin Luther King Hospital, Los Angeles, California
David Eli Ness	Psychiatry	Yale-New Haven Hospital
Stephen Kwame Ofori-Kwakye	Surgery	Rhode Island Hospital, Providence
Barbara Ann Peters	Obstetrics & Gynecology	University of California at Davis Affiliated Hospitals, Davis
Daniel Abner Pollock	Medicine	Montefiore Hospital Center, New York, New York
Richard Rodion Rathbone	Clinical Pathology	Yale-New Haven Hospital
Lee Ratner	Medicine	Barnes Hospital, St. Louis, Missouri
Eddie Reed	Medicine	Stanford University Hospital, Stanford, California
Westley Hubbard Reeves	Medicine	Presbyterian Hospital, New York, New York
Jean Rosenthal	Pediatrics	Children's Hospital, Washington, D.C.
Lynn Karen Rudich	Pediatrics	Syracuse Medical Center, Syracuse, New York
Gary L. Schaer	Medicine	The New York Hospital, New York
Eric Alan Schwartz	Medicine	Mount Auburn Hospital, Boston, Massachusetts
Isabel Giselda Servici	Psychiatry	Veterans Administration Hospital, West Haven
Cynthia Anne Sherman	Medicine	Bellevue Hospital, New York, New York
Edward Kenneth Shultz	Clinical Pathology	Barnes Hospital, St. Louis, Missouri
Alfred Windsor Sloan	Obstetrics & Gynecology	University of California at Irvine Affiliated Hospitals, Irvine
Laurie Frances Smaldone	Medicine	Yale-New Haven Hospital
Pamela Eleasha Smith	Obstetrics & Gynecology	University of Chicago Clinics, Chicago, Illinois
Thomas Joseph Smith	Medicine	Hospital of the University of Pennsylvania, Philadelphia
Bryan Thomas Spofford	Surgery	University of Utah Affiliated Hospitals, Salt Lake City
James K. Stoller	Medicine	Peter Bent Brigham Hospital, Boston, Massachusetts
Edward Bruce Strauss	Medicine	Yale-New Haven Hospital
Steven R. Tahan	Pathology	Yale-New Haven Hospital
Louise S. Tashjian	Medicine	Montefiore Hospital, New York, New York
George Heber Teter	Psychiatry	Yale-New Haven Hospital
Candace Sharon Thurston	Obstetrics & Gynecology	George Washington University Hospital, Washington, D.C.
Thomas E. Trumble	Surgery	Yale-New Haven Hospital
Duane Carlton Tucker	Medicine	Los Angeles County-Harbor General Hospital, Los Angeles, California
Gary Charles Vitale	Surgery	University of Louisville Affiliated Hospitals, Louisville, Kentucky
Mark Steven Williams	Surgery	Stanford University Hospital, Stanford, California
John Tak Woo	Medicine	University of Oregon Medical Center, Portland
Jeffrey William Work	Medicine	Yale-New Haven Hospital
Mark Yeager	Medicine	Stanford University Hospital, Stanford, California
Michael Chung-En Young	Pediatrics	Children's Hospital Center, Boston, Massachusetts
Gary Reuben Zeevi	Medicine	Hospital of the University of Pennsylvania, Philadelphia

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Yale Medicine

Alumni Bulletin of the School of Medicine: Fall 1979



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Yale Medicine/Alumni Bulletin of the School of Medicine: Fall 1979; Vol. 14, No. 3

Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor. 333 Cedar Street, New Haven, Connecticut 06510

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Photos: p. 2, Yale University Art Gallery; cover, p. 9, A. Ebbert, Jr., M.D., G. Mahakian, M. Noyes; pp 10, 11, Yale News Bureau; p. 15, St. Mary's Hospital.

Cover: A view of Frontage Road, October 1979 — one of the Medical Center construction sites described in the article on page 8



Benjamin Silliman, a portrait by Samuel F. B. Morse

Benjamin Silliman —

a towering figure in the scientific education of America

“The ancients believed places had geniuses who contained the spirit of a locale, and there were geniuses of the place in those days,” Yale President A. Bartlett Giamatti told the audience attending the Freshman assembly in September. “I have alluded to some already, but two above all others deserve mention here for the science they brought to Yale, and through them, Yale took to America. The first is a towering figure, the 200th anniversary of whose birthday the University celebrates this year. He is Benjamin Silliman, the person most responsible for the establishment of science and graduate education in science at Yale, and for bringing the Good News of science to early 19th century America.”

Born in nearby Trumbull, Connecticut in 1779, Benjamin Silliman entered Yale College when he was 13, and graduated two years later. Intent on a career in law, he had completed his legal studies and apprenticeship when in 1802, the Yale Corporation established a chair of chemistry and natural history, and appointed Silliman as its first incumbent. He took up his new career with characteristic enthusiasm, studying the sciences in Philadelphia, London and Edinburgh.

On an October day in 1804, the first class in chemistry at Yale College assembled in a sub-basement laboratory. The walls and ceiling were whitewashed, the stone floor sprinkled with sand, and the tables were covered with green cloth. The apparatus consisted of a few flasks, some glass tubes, a Nouth’s machine for impregnating water with carbonic acid gas, and a few glass bells. It was as if the architect had received only some vague impressions of chemistry, the young professor thought — “perhaps a confused and terrific dream of alchemy, with its black arts, its explosions, and its weird-like mysteries. He appears, therefore, to have imagined that the deeper down in mother earth the dangerous chemists could be buried, the better.”

Silliman had included medical subjects in his studies and was subsequently a strong force in the founding of the Medical Institution of Yale College. When it opened in 1813, he was professor of chemistry and pharmacy. Medical students were taught in the same classes with undergraduates, but sat apart and received special instruction.

In 1853, Benjamin Silliman retired after 51 years on the Yale faculty. He was 74 years old. Not only had he devoted half a century to cultivating the sciences at Yale, he had also nurtured the growth of scientific knowledge throughout the land. In Boston, 1,500 people twice a week came to hear him lecture in the Masonic Hall. He gave annual lectures in New York and Boston, and later throughout New England, and in Pittsburgh, Baltimore, Charleston, Cleveland, Montgomery, New Orleans, and Natchez. A

year after his retirement from Yale, he lectured in St. Louis and when he was 77, in Buffalo. “He was a national figure, preaching for science in the service of God and man, an overwhelming presence, large, courtly, voluble, his lectures marked by spellbinding chemical experiments and by large drawings and specimens of rocks and fossils, his zest and oratory riveting, entertaining and instructing thousands,” President Giamatti told the freshman class.

When he was 82, Silliman wrote that in the study of science, he had never forgotten to give honor to the Creator, “happy if I might be the honored interpreter of a portion of His works, and of the beautiful structure and beneficent laws discovered therein by the labors of many illustrious predecessors.”

“There is a moving generosity of spirit in these words,” the President said, “as Silliman looked back at a lifetime of interpreting through his textbooks, his lectures; through the *American Journal of Science and the Arts*, which he founded in 1818 and edited alone for twenty years; at the Department of Philosophy and the Arts, the School of Applied Chemistry, the Sheffield Scientific School, the Ph.D., at the work of his pupils and of his colleagues on the faculty including his son, Ben, and his son-in-law, the great naturalist, James Dwight Dana; at his work as a consulting chemist and geologist from Pennsylvania to Virginia, and at his role in organizing the American Geological Society and the American Association for the Advancement of Science.”

Silliman’s belief was based on an educational vision that he first expressed 150 years ago to the freshmen students in chemistry at Yale College, the vision of education as transcending simple utility and embracing knowledge for itself. “It would now,” he said in 1828, “be as disreputable for any person, claiming to have received a liberal education, or to possess liberal knowledge to be ignorant of the great principles, and of the leading facts of chemical as of mechanical philosophy.”

“Courtly, shrewd, capacious Silliman,” President Giamatti commented, “it would be hard to better that statement today and foolish to try.”

Yale University will commemorate the 200th anniversary of the birth of Benjamin Silliman on November 30 and December 1. The celebration will include scientific and historical symposia, as well as special exhibitions in the Sterling Memorial Library, the Peabody Museum, and the Medical Library.

A Guide to Keeping Sane during the first year of medical school

Remember the first few weeks when you were a freshman medical student? The aperture on your world had suddenly narrowed, focusing on the human body and its deviations from a healthy state. New Haven was a strange town, and medical school was a new experience; gone forever was the carefree life of an undergraduate. Bewildered, lonely, frustrated, overwhelmed, isolated, depressed — these are feelings expressed often by first year students at the Yale School of Medicine.

A few years ago, several upperclassmen, remembering how it felt, put together a dozen or so mimeographed pages of hints for survival. Appreciated by the freshmen, and encouraged by the faculty and administration, the contributing committee has expanded the “Survival Kit” from its modest beginnings to the spiral bound, 177-page *Class of 1983* edition. Under the direction of editor Stephanie Wolf, ’82, they have with wisdom and humor combined information about the academic and social life students can expect with a good measure of sound advice on how to keep sane while pummeled with seemingly endless courses in basic science. “There *will* be times when you’ll feel depressed, incompetent, isolated, faced with an overwhelming body of knowledge to absorb and/or just generally dumped on,” they acknowledge. “But, as the effervescent Dr. Spiro has told many a first year class, ‘Relax, it’ll all come eventually and you’ll be damn good doctors.’”

In addition to a comprehensive directory of resources at Yale University and in New Haven, including a sort of *Michelin’s* guide to local restaurants, discos and bars which should be appreciated by upperclassmen and faculty as well as freshmen, the “Survival Kit” includes a section on courses required during the first year. With descriptions by faculty who are responsible for planning, teaching or coordinating the courses; student reactions to the courses — “We have tried not to pull any punches within the limits of good taste and our own political survival” — ; and an analysis of textbooks used, this section is at least as informative and certainly more colorful than course descriptions in the School’s official catalog.

The “Survival Kit” is a great idea. It is well written and provides a wealth of information of interest not only to freshmen. A selection of excerpts from the Kit is presented as an indication of its merits.

Ruminations or Chewing the First Year Cud (Fall 1974)

Getting through medical school is only an introduction to the way of life of a doctor; and, although one’s sojourn in medical school will constitute only a small fraction of the total time spent associated with the medical profession, it is an extremely important conditioning step in the process of coming to terms with the idea of being a perpetual student and in crystallizing the notion of what it means to be a doctor in the late twentieth century.

Yale Medical School, while in a sense an undergraduate establishment, is nevertheless vastly different from the undergraduate colleges that feed it. The so-called “Yale System” of education is vastly different from that found in most colleges and, indeed, most medical schools. The idea of no tests and no grades, which superficially would seem to be one of the all-time boons to any student, quickly reveals itself to be a hard taskmaster to a group of students who only shortly before were caught up in the grade-grubbing profession of a pre-medical student. The pre-med may not always have liked the grades he got, but at least they served in a way as landmarks by which he might judge his progress and his standing in relation to other students.

Here at Yale students are cut loose from all that. “Progress” is measured not in terms of grades but more in terms of individual satisfaction or dissatisfaction through self-evaluation. To the typical, compulsive pre-med this approach to educational evaluation is the surest and most effective method of producing uncontrollable guilt about not studying enough. Since we don’t know quite where we stand, we don’t know where to stop studying. This is a process that feeds itself constantly. Then again, however, medical school is not undergraduate school, and medical students learn how to be life-long students and to develop a new approach to learning. Part of the ingenuity of the Yale System is that it acquaints the student from the beginning with the fact that he can’t learn it all and that he can learn to live with the idea that he will probably never again have that solid control of material that he was able to gain over, say, some of his undergraduate courses or his major. It’s hard to learn all of medicine, but you *can* learn an incredible amount; you have to experience the feeling of trying to learn it all before deciding to specialize . . .

The “Yale System” is defined on page 56 of the Kit by Dr. Howard Levitin, associate dean and director of Student Affairs.

Evaluations of Students Under the "Yale System"

The Yale System of Medical Education was introduced in the mid-1920's. In spite of many attempts, it has eluded accurate description and has come to mean different things to different members of the faculty and student body. I thought it would be useful, however, to remind the incoming class of a few things the Yale System does *not* mean and some of the requirements that will apply during your four years of study.

The Yale Medical School does not give required, written, graded examinations for each course, nor does the School establish a rank order for its students. At the end of two years of study in the basic sciences, all students are required to take and pass all sections of Part I of the examination administered by the National Board of Medical Examiners. Prior to graduation all students must also pass Part II of this examination. This policy has been misinterpreted by some to mean that students need not be evaluated in each required course. On the contrary, each student will be evaluated in each of the required courses of the basic and clinical disciplines. Students have options on *how* they will be evaluated and these are made known to the student at the beginning of each course. In general, most evaluations result from the participation of the student in seminars, labs, and tutorials, but each department has been instructed to offer alternative methods of evaluation that the student may choose including a written or oral exam, presentation of a paper, or other projects. Evaluations also are an integral part of the course entitled Introduction to Clinical Medicine; the evaluation of a student's competence in History Taking and Physical Diagnosis is prerequisite to his/her admission to clinical clerkships.

It must be emphasized that neither students nor faculty have the option to decide that evaluations will not be part of a given course. Any request to alter the requirement of evaluations, or the methods used for evaluation, must be approved in advance by the curriculum committee.

It is the policy of the School that each basic science department teaching a major course must offer all students a written examination and all students are expected to participate anonymously in this written examination. These examinations are not used for a student's evaluation unless specifically chosen by the student as his/her preferred method of being evaluated. They serve two purposes:

1. To give the student an assessment of his/her progress in the course, and
2. To give the faculty an estimate of the total student body's knowledge of the material they have been teaching.

It is, therefore, an assessment for each individual student of his/her progress and an overview for the faculty of the effectiveness of their teaching program. In order to accomplish these two goals, it is obvious that maximal participation by the class is crucial.

All of the evaluations in a student's academic file form the basis of letters of recommendation for electives and clerkships at other schools, for fellowships, awards, etc., and for the Dean's letter that is required by all fourth-year students when applying for a post-graduate year I position. With this in mind, it should be apparent that an accurate and complete evaluation of each student's performance in each course and clerkship is of benefit to the student both from the point of view of assessing his/her progress and having an accurate and complete academic record.

Each student will receive a copy of his/her evaluation. An additional copy is retained by the department and a copy goes in the student's permanent record.

If evaluations are to help the student, it is imperative that faculty give his/her student a periodic update on his/her progress. Unfortunately, this is not always done and is very difficult to enforce because of the large and ever-changing faculty. I urge students to request (when it is not offered) at the beginning of a course or clerkship, a brief outline of faculty/course expectations, a mid-course assessment of progress and a final evaluation at the completion of the course. It is of little value for a student to discover his/her correctable deficiencies long after completing additional courses or clerkships.

The following two course evaluations have been selected as examples of this excellent section of the Kit. Student comments are a digest of remarks by 75 students who responded to a questionnaire prepared by the "Survival Kit" committee.

Clinical Correlations and Clinical Tutorials

Faculty Statement — Dr. Robert H. Gifford

Although the main thrust of the first four semesters must be the acquisition of a solid foundation in the basic sciences of medicine, there should be an attempt to relate this material to clinical medicine. This course is not designed to teach you the details about diagnosis or management of human disease. Rather, it is meant to accentuate the fact that a firm knowledge of basic science is critical for a proper understanding of disease processes. One aspect of the course will be tutorial sessions. Small groups of three or four students will meet for one and a half hours weekly with a clinical faculty member to discuss patients and their illnesses. At the same time, you will be introduced to the hospital, the medical record, clinical laboratories, and other aspects of medical care. A second portion of this course will consist of a weekly one and a half hour-session for the entire class. These will be timely correlative sessions for all of the courses taught in the first three semesters. They will be jointly planned by the clinical and basic science faculty. Case presentations will emphasize symptoms, signs or treatment which can be better appreciated by an understanding of the relevant basic science. For example, surgical correction of congenital heart disease can be dovetailed with the embryology of the cardiovascu-

lar system. In this way we hope that the pathophysiology of many disorders will become clear.

Student Comment:

Last year was the fourth year for this course, and it was probably the most enthusiastically received and faithfully attended course during the first half of the first year. Attendance tended to decline as the year went on, although those who continued to attend found it extremely valuable. While individual tutors and lecturers vary in quality and commitment, the fact remains that this is what most of us have come here for: to learn about diseases and patient management. The disease entities discussed in the lectures are generally well understood, if often not easily susceptible to treatment or cure. Not often is the content of the lectures dull, although the presentation may be. What is difficult about the course is changing gears from pure basic science to a clinical setting, a change which can intimidate a first year student. Yale's hands-off policy regarding clinical pursuits in the first two years is no help in this matter, either. Many people found it useful, therefore, to read about the disease of the day in a textbook of internal medicine before the lectures (a good practice for CPC, too). Your estrangement from your eventual destiny will lessen if you take this course seriously. Although in many lectures it will seem as though the level is pitched too high, even the slight knowledge you pick up will be useful, and will make it seem easier the second time around.

In your tutorials you may want to see or discuss something which is beyond the officially permitted scope of the program. (Tutors are handed guidelines covering what to do.) If so, push for what you want, in proportion to how much you really want it and with a wary eye to your tutor's reaction (obviously it's no good to push a reluctant tutor until he kicks back.) The tutorials are fairly free-form, and they are for *you*. Their contents varied widely, as did student reaction to them. If you are unsatisfied with your clinical tutorial, be sure to pursue other clinical opportunities. There are a surfeit of them ranging from student to student tutorials, to watching various procedures, to attending conferences, to occasionally hooking up with another faculty member.

Cell Biology and Histology

Faculty Statement — Dr. Marilyn Farquhar and Dr. Thomas Lentz

This course focuses on the study of the cell as the fundamental structural and functional unit of which all living organisms are constructed. Cell Biology serves as a bridge between basic biochemistry and morphology at the gross anatomical level. In this course, the structure and organization of cells are analyzed at the molecular, macromolecular, subcellular, cellular, tissue and organ levels. Structure and function are viewed as inseparable, and the properties of the cell are analyzed by relating the structural characteristics to the functional activities of the cell.

Why study Cell Biology as a preparation for a career in Medicine

Because all disease processes — e.g., whether they affect the whole organism or specific organs or tissues — either originate in cells or affect cells. Hence every disease process must be understood ultimately in cellular terms.

The course consists of a series of lectures in cell biology plus laboratories. The lectures deal with the functional organization of the cell from the molecular to the cellular level. In the laboratory, cells are studied at the tissue and organ level. It is important, however, for the student to view these as a continuum of organization and to relate information at one level with other levels. One should gain from this course an understanding of the structure and the function of the normal cell and its components. This knowledge is *essential* for understanding the basic underlying cellular mechanisms of disease.

Student Comment:

Cell bio is considered by most to be the best organized and taught course of the first year. The course consists of two parts: A series of lectures and a laboratory. Most students found the quality of lectures to be generally very good, with only a few poor ones. Some, particularly those without a strong science background, may find the lectures a bit overwhelming at first. Try to remember that some of the detail, especially in the lectures on the cell, is recent experimental evidence and might be more for your own interest than to be committed to memory. As one student commented: "separate out the frontiers of research from the basic." Comprehensive notes are distributed before each lecture. The vast majority of our class rated them highly and they are particularly useful if you're using a less detailed text. In addition, they are worth referring back to, both for review and for reference in other classes (e.g. Physiology).

Books

Bloom and Fawcett — *A Textbook of Histology*. Definitely the most comprehensive textbook, but also very long. One third of our class decided to use it, and their comments were generally favorable, although some found it dry and tedious to read. It does have good light micrographs, drawings, and EMs. Unless you are very interested in the subject, you might prefer using a shorter text, and referring to *Bloom & Fawcett* for those aspects of cell biology that you want to pursue in greater depth.

Junquiera — *Basic Histology* (Lange Series). More than half of the class of '82 used this book. Generally, most users approved of the text. Its primary virtue (and flaw, according to some) was its brevity. Most found it to be a sufficient text and supplement to the notes, despite its length and its disrepute among certain faculty. Some students suggested looking elsewhere for EMs and light micrographs.

Atlases

Those people in our class who bought histology atlases (about 70% of those responding to the questionnaire) were evenly split between *Bergman and Afifi* and *DeFiore*, with a few people using other atlases. Comments were generally good for all atlases, with one or two unsatisfied people in each group. We suggest that you look at several, and decide which style will be most helpful to you; many feel that atlases are primarily important for use in the lab, and secondarily as sources to study from.

Staying sane at YMS . . . or, “I need to talk to someone.” *is the topic presented on page 109 of the “Survival Kit”.*

Since the late 1960’s, one of the most interesting areas of research in medical sociology has been the study of the relationship between stressful life events, and the development of physical and mental illness. In 1974, Richard Rabe and Thomas Holmes convincingly demonstrated that the amount of change in a person’s lifestyle significantly influences his/her susceptibility to illness. Seen in this light, it becomes obvious why many medical students often seek “someone to talk to” in their first year.

The amount of change that a student must accommodate upon beginning medical school often undermines the sturdiest of psyches. First, most people have to adjust to a seemingly endless parade of lecture notes and textbooks, and must accept their lack of “free time”. The anatomy lab and early contact with patients often force a student to seriously re-evaluate his/her attitudes about death and illness. Here at Yale, students who were used to being regularly stroked at the end of each semester with “A’s” suddenly find that the faculty is very short on praise, and there is little public recognition of student achievement. The move to New Haven often causes problems — leaving one’s friends (and often one’s partner) is difficult, and among the 101 new faces, one can still feel quite alone. Relations with one’s “significant other” (even when present in New Haven) can become strained, as often mates have a hard time understanding med school’s incessant demands. Also, financial problems can be a source of worry. Sadly enough, it’s not uncommon for someone to realize that he/she avoided pre-professional students as an undergraduate because they seemed too competitive and compulsive, and that now he/she is surrounded by last year’s crop of killer pre-meds. People don’t radically alter their personalities over one summer.

So how does Ted Mellow at YMS cope with all this stress? Friends here are always a help, though they often seem too frantic and confused themselves. \$100. long-distance phone bills can be a palliative. Talking to older students can be a source of comfort, but frequently they seem to brush off the difficulties of the first year. If you’re at wit’s end, and crying into your pillow is getting you nothing but soggy feathers, maybe it’s time to find someone to talk to.

Rev. Dave Duncombe (the School of Medicine’s chaplain) is a good person to get to know. Rev. Duncombe is one of the kindest human beings you’ll ever meet, and he is always very willing to talk. He also knows a lot about other resources at Yale. In addition, several students participated in support groups last year. These consisted of a social worker or a psychiatrist, a physician, and 6-10 students, and focussed upon adapting to medical school and professional roles: their *intention* was *not* group therapy.

If you’re feeling very blue, or if you wish to confront problems that you’ve been putting off dealing with for some time, perhaps finding a psychotherapist is the answer Finding a therapist for the first time can often be difficult. It requires that you recognize that you have trouble. And though many people don’t talk about their experiences with psychotherapists (out of needless embarrassment), you’ll not be the first med student to seek help. You would probably be amazed to discover how much your problems resemble those of other students.

And finally this advice is given in the introduction to the Food and Restaurant Guide on page 147.

One of the most important things you can do to help yourself in Medical School is to get away from it once in a while. Eating good food and seeing real people are pleasant ways to put life in perspective. It’s also important to feel good enough about yourself to go out from time to time. It’s cheap therapy.

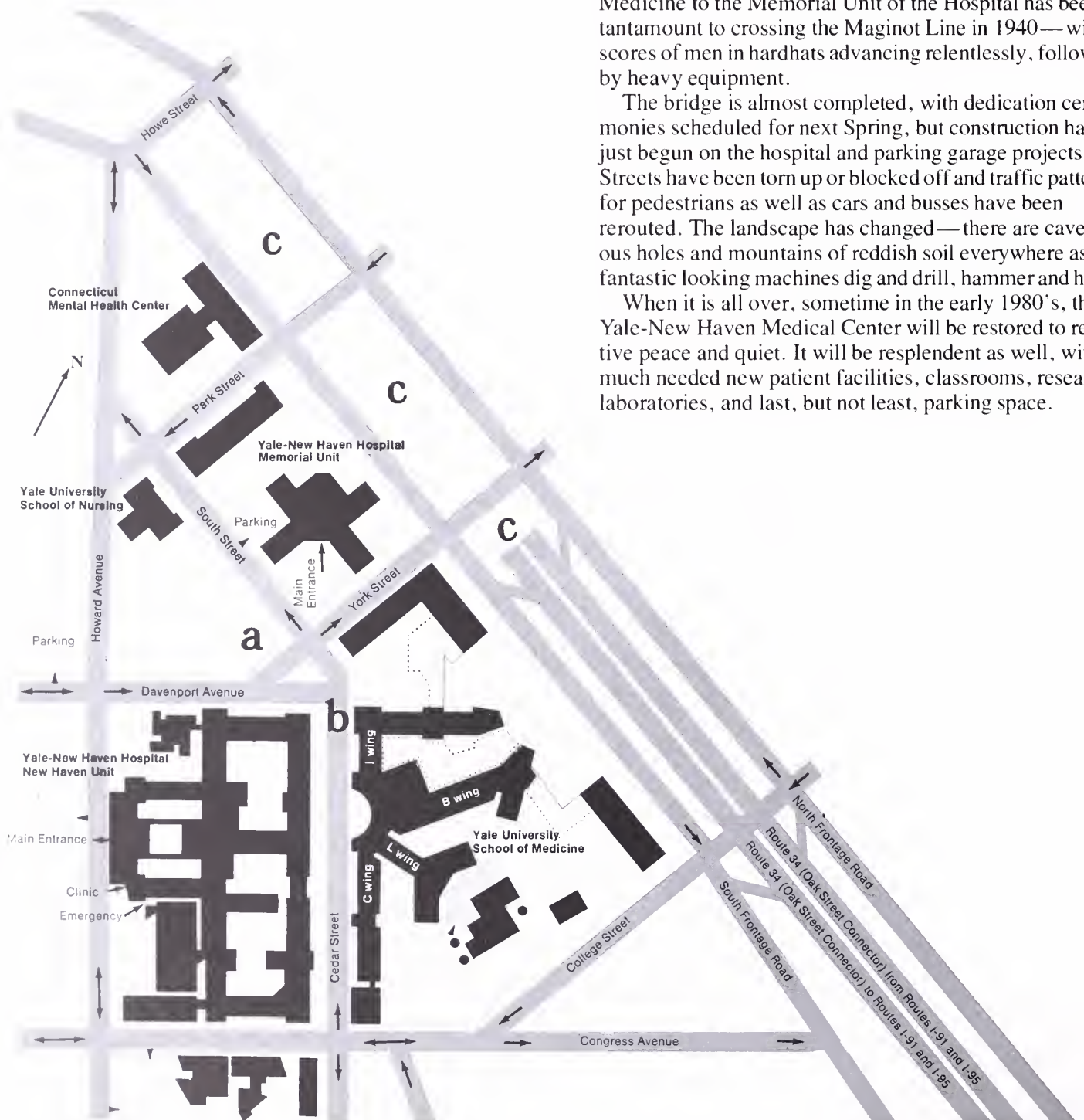
The Construction Mess— *Building a Better Future*

When Dean Berliner spoke about the “construction mess” in his Alumni Day address, he was referring to activities on the sites shown here on the map: A, the new addition to Yale-New Haven Hospital; B, the bridge building across Cedar Street; and C, the new municipal parking facility.

To say that the various projects have caused chaos and confusion, especially to pedestrian and vehicular traffic, is to considerably understate the situation. For instance, there have been times during the construction of the bridge when getting back and forth from the Sterling Hall of Medicine to the Memorial Unit of the Hospital has been tantamount to crossing the Maginot Line in 1940—with scores of men in hardhats advancing relentlessly, followed by heavy equipment.

The bridge is almost completed, with dedication ceremonies scheduled for next Spring, but construction has just begun on the hospital and parking garage projects. Streets have been torn up or blocked off and traffic patterns for pedestrians as well as cars and busses have been rerouted. The landscape has changed—there are cavernous holes and mountains of reddish soil everywhere as fantastic looking machines dig and drill, hammer and haul.

When it is all over, sometime in the early 1980's, the Yale-New Haven Medical Center will be restored to relative peace and quiet. It will be resplendent as well, with much needed new patient facilities, classrooms, research laboratories, and last, but not least, parking space.





a



b



a



c



b



First John F. Enders Professor in Pediatric Infectious Disease Appointed

Dr. I. George Miller, whose research on human tumor viruses, and specifically Epstein-Barr virus, has attracted international recognition, has been appointed John F. Enders Professor in Pediatric Infectious Disease. He is the first incumbent of the chair honoring Dr. Enders, Yale Class of 1920, who shared the 1954 Nobel Prize in Medicine and Physiology with Thomas Weller and Frederick Robbins for the cultivation of poliomyelitis viruses in tissue culture.

As a National Institutes of Health Postdoctoral Research Fellow, Dr. Miller was a student of Dr. Enders from 1966 to 1969. At that time, Dr. Enders was chief of the Research Division of Infectious Diseases, The Children's Hospital Medical Center, Boston.

Dr. Miller, who received his B.A. degree cum laude in 1958, and his M.D. degree from Harvard University, joined the Yale medical faculty in 1969 as assistant professor of pediatrics and epidemiology. In 1972, he was appointed associate professor as well as a Howard Hughes Medical Institute Investigator. He was named professor of pediatrics and epidemiology in 1976.

In 1973, research by Dr. Miller and his colleagues presented convincing evidence that infectious mononucleosis is transmitted by Epstein-Barr virus (EB virus) and that patients carry the virus in their saliva for many months after they recover. Further studies in Dr. Miller's laboratory have indicated that the virus is capable of inducing malignant lymphoma in non-human primates. Recent studies concern the mechanism by which EB virus increases the growth potential of normal^B lymphocytes.

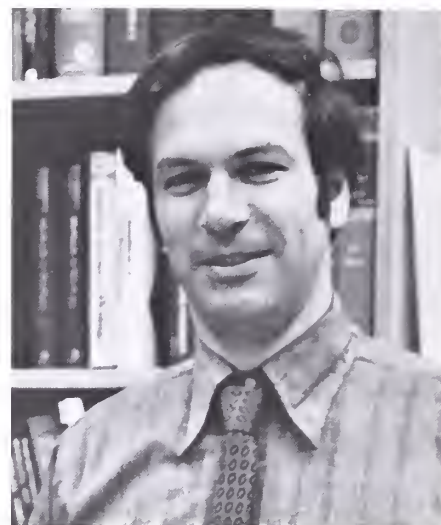
Dr. Miller, who has published numerous articles in professional journals, is a member of several professional societies including the American Pediatric Society; Boylston Medical Society; Infectious Disease Society of America; American Association for the Advancement of Science; American Society for Clinical Investigation; American Society for Microbiology; Sigma Xi and the Society for Experimental Biology and Medicine.

Theodore Marmor Appointed Professor of Public Health

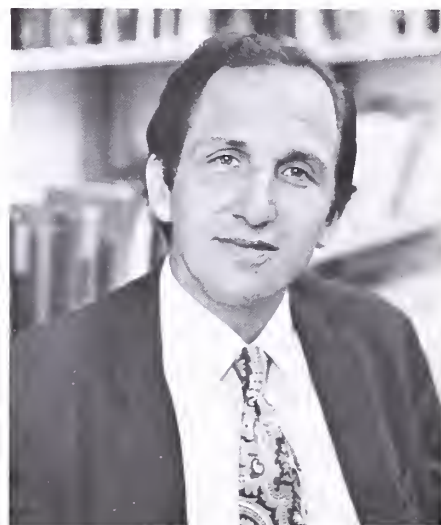
Dr. Theodore R. Marmor, an authority on domestic and comparative policy studies in health insurance and social security, has been appointed professor of public health in the Department of Epidemiology and Public Health. He has also been named professor of political science at the Institution for Social and Policy Studies, where he is chairman of the Center for Health Studies.

Before coming to Yale in July, Dr. Marmor had been associate professor of public policy at the University of Chicago. He received a B.A. degree in 1960, and a Ph.D. degree in 1966 from Harvard University. In 1961-62 and again in 1966-67 he held research fellowships at Oxford University. Prior to joining the faculty of the University of Chicago in 1973, he taught at the Universities of Minnesota, Wisconsin and Essex (England).

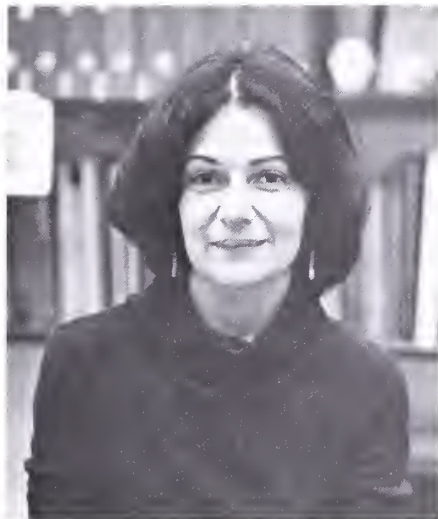
The author of *The Politics of Medicare*, as well as numerous articles on social security, national health insurance, the North American welfare state, and other policy issues, Dr. Marmor has served as consultant to several federal and state agencies. In 1966, he was a special assistant to HEW's undersecretary and he was on the staff of the President's Commission on Income Maintenance Programs from 1968 to 1970. Dr. Marmor currently advises the director of the Health Resources Administration at HEW.



Dr. Miller



Dr. Marmor



Dr. Goldman-Rakic



Dr. Ariyan

Dr. Goldman-Rakic Appointed Professor of Neuroscience

Dr. Patricia S. Goldman-Rakic, chief of the Section on Developmental Neurobiology at the National Institute of Mental Health, has been appointed professor of neuroscience in the Section of Neuroanatomy. Dr. Goldman-Rakic is internationally recognized for her research on the central nervous system of primates and is a leading authority on the development of the cortex.

A recipient in 1973 of the Department of Health, Education and Welfare's ADAMHA Administrators Award for Meritorious Achievement, she is one of the pioneers in primate fetal neurosurgery, which has provided new insights for studying development of the brain. A 1959 graduate of Vassar College, Dr. Goldman-Rakic received a Ph.D. degree in 1963 from the University of California, Los Angeles. While attending UCLA, she was a United States Public Health Service Postdoctoral Fellow in the Department of Psychology from 1960 to 1963, and a USPHS Postdoctoral Fellow in the Department of Psychiatry, Brain Research Institute in 1963-64.

Dr. Goldman-Rakic joined the staff of the National Institute of Mental Health in 1965 as a staff fellow in the Section of Neuropsychology. For ten years prior to her appointment as chief of the Section on Developmental Neurobiology, she was a research physiologist in the Laboratory of Neuropsychology, NIMH.

The author of over 50 articles and reports on her field, Dr. Goldman-Rakic is a member of the editorial boards of the *Journal of Comparative and Physiological Psychology*; *Experimental Neurology*; *Developmental Psychobiology*; *Journal of Clinical Neuropsychology*; and *Trends in Neuroscience*. She is also a member of several professional societies including the American Association for the Advancement of Science; the American Psychological Association (Fellow); the Society for Neuroscience; International Society for Developmental Psychobiology; the American Anatomical Association; and the NEI-NIMH-NINCDS Assembly of Scientists, of which she was president in 1974-75.

New Chief of Plastic and Reconstructive Surgery

Dr. Stephan Ariyan, associate professor of surgery, has been appointed chief of Plastic and Reconstructive Surgery effective September 15. He succeeds Dr. Thomas J. Krizek, who resigned in 1978 to join the faculty of the Columbia University College of Physicians and Surgeons.

Dr. Ariyan is recognized for his work in developing new surgical techniques of reconstruction with muscle flaps to decrease hospitalization following surgery. He is the recipient of the 1979 prize of the American Society of Plastic and Reconstructive Surgeons for his work on the effects of radiation therapy and drugs on the healing of surgical wounds.

A graduate of Long Island University and New York Medical College, he did postgraduate training in general surgery at the University of California, San Diego and at Yale. He joined the School of Medicine faculty in 1974 as an instructor in surgery. In 1976, he was appointed assistant professor of surgery, Section of Plastic Surgery. He was promoted to associate professor this year.

Dr. Ariyan has published numerous articles on reconstruction following cancer of the head, neck and breast, and is the author of a text on hand surgery. He is a member of several professional societies including the American College of Surgeons, the American Society of Plastic and Reconstructive Surgeons, American Cleft Palate Association, and the Association for Academic Surgery.

Chief of Orthopedic Surgery Appointed

Dr. John A. Ogden, associate professor of surgery (orthopedic) and pediatrics, has been appointed chief of the Section of Orthopedic Surgery. He succeeds Dr. Wayne O. Southwick, who after 21 years, has retired as chief of the section. Dr. Southwick will continue as professor of orthopedic surgery, and as a member of the Section of Orthopedic Surgery.

Born in Melbourne, Australia, Dr. Ogden is a graduate of Trinity College, Hartford, and the Yale School of Medicine, class of 1968. He completed his internship and residency training at the Yale-New Haven Hospital, and joined the Yale faculty in 1972. In 1974, as a Carl Berg Fellow in Orthopaedic Research and Education, he was a visiting lecturer at the University of Helsinki, Finland, and at Nuffield Orthopaedic Center, Oxford University.

He is the recipient of the Cochems Award for Cardiovascular Research (1970), the John Charnley Award of The Hip Society (1974), and the Frank Stinchfield Award of The Hip Society (1978) as well as of a National Institutes of Health Research Career Development Award. The author of numerous articles, he is completing a textbook on fractures and bone dislocations in children.

Dr. Ogden is a member of the Society of Sigma Xi; Orthopaedic Research Society; International Skeletal Society; the Association for Academic Surgery; The Hip Society; Association of Bone and Joint Surgeons, and the Pediatric Orthopaedic Study Group.

New Administrative Director Appointed for the Office for Women in Medicine

Constance C. Goodman has been appointed administrative director of the Office for Women in Medicine. She will replace Lisa Anderson, who has resigned to attend law school. Formerly dean of women at Drexel University in Philadelphia, Mrs. Goodman served as director of women's affairs at the University of New Haven last year. As administrative director of the Office for Women in Medicine, she is available for counseling and advice to women faculty and students. In addition, she will assist in affirmative action searches and efforts to recruit women faculty. Dr. Anne Curtis, assistant professor of diagnostic radiology, and Dr. Ann Oberkirch, clinical instructor in psychiatry, will continue to serve as faculty directors of the Office.

A graduate of Wheaton College in Norton, Massachusetts, Mrs. Goodman also attended the University of Pennsylvania School of Social Work. She was a medical social worker at Philadelphia General Hospital for three years before joining the administration of Drexel College in 1968. She was appointed dean of women and associate dean of students in 1970.

A member of the American Association of Sex Educators, and the National Association for Women's Deans and Counselors, Mrs. Goodman is named in *Who's Who in American Women*. Active in community affairs in Woodbridge, Connecticut, where she lives with her husband, Dr. David B.P. Goodman and their two sons, she is a former member of the Board of Directors of the Woodbridge Parent Teachers Organization, and was recently elected a member of the Woodbridge Board of Selectmen.

Promotions to Professor

The following members of the medical faculty have been promoted to the rank of professor effective July 1979: Emile L. Boulpaep, M.D., professor of physiology; Donald Jay Cohen, M.D., professor of pediatrics and psychiatry (Child Study Center); Lawrence B. Cohen, Ph.D., professor physiology; Nicholas D. D'Esopo, M.D., clinical professor of medicine; Donald S. Dock, M.D., clinical professor of medicine; Donald M. Engelman, Ph.D., professor of molecular biophysics and biochemistry; Joyce D. Gryboski, M.D., professor of pediatrics; Graeme L. Hammond, M.D., professor of surgery (cardiothoracic); Harvey Kaetz, M.D., clinical professor of medicine; Martha F. Leonard, M.D., professor of pediatrics (Child Study Center); Lowell S. Levin, Ed.D., M.P.H., professor of public health; Dorothy O. Lewis, M.D., clinical professor of psychiatry (Child Study Center); Norman J. Marieb, M.D., clinical professor of medicine; Alan C. Mermann, M.D., clinical professor of pediatrics; Leonard R. Prosnitz, M.D., professor of therapeutic radiology; Herbert Reynolds, M.D., professor of medicine; Martin Schiff, Jr., M.D., professor of surgery (urology); Gordon M. Shepherd, M.D., Ph.D., professor of neuroscience; Carolyn W. Slayman, Ph.D., professor of human genetics and physiology; Kenneth J. W. Taylor, M.D., Ph.D., professor of diagnostic radiology; Richard W. Tsien, D.Phil., professor of physiology; Thomas J. Walsh, M.D., clinical professor of

ophthalmology and neurology; Ulrich H. Weil, M.D., clinical professor of surgery (orthopedic); Andrew S. Wong, M.D., clinical professor of ophthalmology.

In addition, the following new clinical professors were appointed to the part-time faculty effective July 1979:

George J. Kleiner, M.D., clinical professor of obstetrics and gynecology, who has recently been appointed chief of the Department of Obstetrics and Gynecology at Danbury Hospital.

Robert A. Kramer, M.D., clinical professor of pediatrics and orthopedic surgery, who is the director of the Newington Children's Hospital in Newington, Connecticut.

Eric A. Plaut, M.D., clinical professor of psychiatry, who is Commissioner of the Department of Mental Health for the State of Connecticut.

Effective September 1979, Dr. Adrian E. Flatt was appointed clinical professor of surgery (orthopedic). He is the new full-time chief of surgery at the Norwalk Hospital.

New Directions for "The Yale Journal of Biology and Medicine"

The Yale Journal of Biology and Medicine has recently begun publishing a series of national and international symposia on medical or biological topics. These have included "Renal Adaptation to Nephron Loss", and the "Scientific Program on Liver Disease" in honor of Dr. Gerald Klatskin.

In the January 1980 issue, the *Journal* will publish a complete transcript of the course on "Recent Advances in Clinical Virology" which was presented June 18-29, 1979 under the auspices of Dr. G. D. Hsiung, professor of laboratory medicine. Lecturers in this program were drawn from laboratories throughout the United States, and participants were from this country and abroad, including two representatives from the People's Republic of China. This symposium represents the latest in a series of such courses organized by Dr. Hsiung since the early 1960's, when her course was a pioneer effort to coordinate the basic science of virology with the demands of the clinic. In its scope and depth, it represents an effective textbook of clinical virology, as well as an interesting insight into the development of this new clinical discipline.

Persons interested in subscribing to *The Yale Journal of Biology and Medicine* should communicate with Neale Watson Academic Publications, 156 Fifth Avenue, N.Y., N.Y. 10010. Subscriptions are \$25.00 for Yale alumni.

Erratum:

An omission in the "Message from the Dean" published in the summer 1979 issue has come to our attention. In the next-to-last paragraph, the third sentence should read: "Since the increased need for student financial aid eats up about half of any increment in tuition, it would be necessary to raise tuition by roughly twice the lost per capita amount in order to generate an equal net income." We apologize for this error.

Kay Howe Honored

More than a hundred friends and colleagues attended a dinner on June 23 honoring Kathleen Howe on the occasion of her retirement after having served twenty-three years in Yale's Department of Epidemiology and Public Health. Several of those present who were called upon spoke about Kay Howe's many contributions to the department, its students, and to the community.

After receiving her M.P.H. degree from Yale in 1956, Mrs. Howe was appointed to the faculty in public health where she taught courses in health education and in community organization, and assisted in supervision of students' field work. She subsequently became the principal faculty advisor to public health students, and in 1974 was named assistant dean for public health. She is remembered fondly and with great regard by former students and colleagues who have known and worked with her during her years at Yale. To honor her, a Kay Howe Scholarship Fund has been established for public health students.

Faculty Notes

The Ruth E. Boynton Award of the American College Health Association was presented to **Dr. Robert L. Arnstein**, clinical professor of psychiatry and psychiatrist-in-chief at the Yale University Health Services. Dr. Arnstein received the award for his leadership and contributions in the field of mental health, at the Association's annual meeting in Washington, D.C. in May. It cited his guidance of Yale's "exemplary program in its service to the institution . . . His thoughtful perspective on many issues has profoundly influenced the development of the field and of those who have been privileged to work with him."

The National Board of Medical Examiners has appointed **Dr. Philip Felig**, C.N.H. Long Professor of Medicine, a member of its Part II Medicine Test Committee. This group of over 100 medical educators in the United States and Canada is responsible for determining the thrust and content for each of the individual subject areas in the examination, as well as for assuring the quality and integrity of the overall evaluation system of the National Board of Medical Examiners.

Dr. Joseph R. Bertino, professor of medicine and pharmacology, and **Dr. Paul Greengard**, professor of pharmacology and psychiatry, are members of the U.S. Organizing Committee for the U.S.-China Pharmacology Symposium on October 29-30. Hosted by the Institute of Medicine, National Academy of Sciences, the symposium is the first bilateral scientific meeting between the United States and China to be held in this country. As part of the 1979 scholarly exchange program between the Committee on Scholarly Communication with the People's Republic of China and the Scientific and Technical Association of the People's Republic of China, it represents a significant new dimension of the exchange program between the two countries.

Dr. Richard Tsien, professor of physiology, traveled in the People's Republic of China this summer with his wife and parents. It was Dr. Tsien's first journey to his homeland in 32 years. Most of the six-week trip was spent visiting his almost 100 relatives there, sampling banquets, enjoying the scenery of Kweilen, Wushi and Hangchow, and giving seminars at research institutions in Shanghai, Tientsin and Peking. A highlight of the trip was meeting Dr. Feng Te-Pei, (of the Feng effect) a survivor of the cultural revolution. Now in his 80's, Dr. Feng heads a research institute and continues his studies on trophic interactions between nerve and muscle.

The American College of Radiology has named **Dr. James J. Fischer** a Fellow, in recognition of his distinguished medical achievements. Dr. Fischer, who is chairman of the Department of Therapeutic Radiology, received the certificate of fellowship during the annual meeting of the College in Chicago on September 19.

Dr. Albert J. Solnit, Sterling Professor of Pediatrics and Psychiatry and Director of the Yale Child Study Center, was one of 36 new members elected to the Institute of Medicine. The Institute was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of medical and other professions for the examination of policy matters pertaining to the health of the public.

In response to inquiries — *An Explanation of the School's Coat of Arms*

The School of Medicine officially adopted arms in the fall of 1963. Designed by the late Theodore Sizer, professor of the history of art and Yale's Pursuivant of Arms, they conform to the traditions of heraldry — simple, legible and instantaneously recognizable.

The arms can be described as a shield divided horizontally. On the top are an ermine field, which is white, with small black stylized tails and a red cross similar to that of St. Andrew and St. Patrick. These represent the arms of Elihu Yale.

The lower half of the shield signifies medicine, with a single Aesculapian serpent, "proper" or in its natural color, on a field of green, the academic color for medicine. Together the two symbols represent "Yale Medicine" or the Yale University School of Medicine.

The "blazon" or verbal description in heraldic terminology is: "Per pale, ermine, a saltire gules; vert, the caduceus proper". Heraldry, often associated with snobbery, is in reality nothing more or less than symbolic shorthand.



Alumni Delegate to Medical School Council Named



Dr. Dwight F. Miller has been appointed for a two-year term as the first Alumni in Medicine delegate to the Medical School Council. The Council, which is composed both of faculty and students, provides an influential forum for discussion of significant school-wide issues and expresses its opinions to those who have responsibility to act on these issues. The Council also serves as the School's Educational Policy Committee and as such makes recommendations regarding curriculum. Meetings of the Council on the first and third Thursdays of each month during the academic year are open to all interested persons.

Dr. Miller, medical class of 1956, is chief of pathology and laboratory director at St. Mary's Hospital in Waterbury, Connecticut. He is an associate clinical professor of pathology on the Yale faculty.

Alumni Weekend 1979

The 1979 Medical Alumni Weekend in June had as its theme "The Medical School Revisited" and provided a great variety of activities to attract the interest of those attending. The extensive program can best be described as a smorgasbord which offered something for everyone.

On Friday, the Department of Surgery held its annual seminar with distinguished alumni speakers from all parts of the country. A panel discussion on "Occupation and Environment" was arranged by the Department of Epidemiology and Public Health. A special program on "Parapsychology" was sponsored by the reunion class of 1944 with Dr. Edith Jurka, class secretary, as moderator. The third Yale Alumni in Ophthalmology Convocation with both scientific sessions and social activities was held at the New Haven Lawn Club.

The Saturday morning program opened with a talk on "The Yale School of Medicine 1925-1979" by Dean Emeritus Vernon Lippard. Following this, four simultaneous seminars were available on a variety of subjects: adolescent medicine, health policy and national health insurance, the hospice experience and potential, and roles and relationships of nurse practitioners, doctors, and physician assistants. The annual business meeting of the Association of Yale Alumni in Medicine was held prior to the sherry hour and buffet luncheon in Edward S. Harkness Hall. During the afternoon tours of the historic section of New Haven and the Yale Center for British Art were available for alumni and guests; however, many of those who returned preferred to reminisce with classmates and friends. The traditional social hour was followed by individual class dinners for the five-year reunion classes.

Association of Yale Alumni in Medicine Annual Business Meeting June 2, 1979

Dr. William Kissick, president, opened the meeting with greetings to the reunion classes and a special salute to the class of 1929 celebrating its fiftieth reunion. To make the members of '29 feel young, he then introduced senior alumni present from the classes of 1921 through 1925.

Elections

In response to the report of the Nominating Committee, Walter Burdette (M.D. '42), James Collias (M.D. '56), Joseph Curi (M.D. '64), and Joel Kavet (M.P.H. '67) were elected to second terms on the Executive Committee, and Dwight Miller (M.D. '56) was elected to fill the position vacated by John Blanton (M.D. '70), who has completed two terms. New representatives to the Association of Yale Alumni are William O'Brien (M.D. '56) and Victor Crown (M.P.H. '69). Dr. Kissick expressed appreciation to Dr. Blanton for his service on the Executive Committee since 1975.

Alumni Fund Reports

A report on the 1978-79 Medical School Alumni Fund annual giving campaign was presented by Dr. Harvey Young, chairman, who noted that as in recent years the income will be used by the School to provide additional student loans.

The Public Health Alumni Fund report was given by Kathleen Howe, co-chairman. Following this presentation and much to the surprise of Mrs. Howe, Dr. Robert McCollum, chairman of the Department of Epidemiology and Public Health, announced that this year the Public Health contributions would be used to establish a Kay Howe Scholarship Fund to honor the assistant dean of public health who is retiring this year.

Report of the Dean

Dean Robert Berliner then welcomed the alumni and expressed his thanks for their continuing support of the School. He reported the good news that the Campaign for Yale goal for the School of Medicine, \$23 million, had been exceeded. As of the end of March, contributions to the Campaign for this School were almost \$25 million.

The dean apologized for the "construction mess" but noted that this represents progress. The two major construction projects are the parking garage being built over the connector highway and the new hospital building which will replace the beds in the New Haven Unit.

Report of the Executive Committee

Dr. Kissick then reported on the question of the status of the "Yale System" which had been referred to the Executive Committee by the membership at last year's Association meeting. An ad hoc subcommittee of the Executive Committee was subsequently appointed and met with students, faculty, and members of the School's administration. The report of that committee, which was chaired by Dr. Nicholas Spinelli, noted that the roots of the current problem were traced to the decline in student performance on Part I of the National Board Examinations several years ago. Student-faculty communication became strained over subsequent misunderstandings related to "expected student participation" in course examinations to be taken anonymously during the pre-clinical years. The major thrust, however, focused on the broader areas of the stresses of modern medical education. It was herein that faculty-student interaction and alumni awareness were sought. The committee, in the process of deliberating this issue, had the opportunity to survey the function of the Association of Yale Alumni in Medicine. It felt most strongly that this function, both to the School and students, was to be in every way constructively supportive without intruding into the process of governance or administration by the School's officers and faculty.

The ad hoc committee report concluded: "How alumni might help with this problem is highly problematic. It is noteworthy that students repeatedly reiterate, however, that open inquiry and communication with alumni is both therapeutic and instructive. Being a source of guidance and information remains a challenge to the alumni, an issue addressed in the past but not answered."

Following discussion of this report at the February 1979 meeting of the Executive Committee, Dean Berliner suggested that the Medical School Council, which functions as the School's Educational Policy Committee, consider adding a delegate to be selected on behalf of the Alumni Executive Committee. The bylaws of the Council have subsequently been so amended.

Vote on Executive Committee Resolution

On recommendation of the Executive Committee, the following resolution was presented and unanimously passed by vote of those present:

In order to facilitate liaison between the School of Medicine and the Association of Yale Alumni in Medicine, Be it resolved that:

A member of the Executive Committee of the Association of Yale Alumni in Medicine be appointed to the Medical School Council for a term of two years.

Appropriate concerns of the Association of Yale Alumni in Medicine be introduced to the Medical School Council with reports back to the Executive Committee.

Vote on Proposed Amendment

The proposed amendment to the Association's constitution, as recommended by the Executive Committee and published in the winter 1979 issue of *Yale Medicine*, was approved by vote. This action adds former postdoctoral fellows to the membership of the Association in addition to alumni (including Public Health and Physician Associate), active faculty, and former house staff.

It was announced that the 1980 Medical Alumni Weekend will be held Friday and Saturday, May 30-31.

Surgery '79

"Surgery '79," the seminar sponsored by the Department of Surgery, presented a distinguished panel of alumni participating in a meeting at the outset of Alumni Weekend. The moderator, Dr. William Glenn, opened the program, and welcoming remarks were presented by Dr. Gustaf Lindskog, William H. Carmalt Professor of Surgery and chairman emeritus, by Dr. Jack Cole, Ensign Professor of Surgery and former chairman, and by the present chairman, Dr. Arthur Baue, the Donald Guthrie Professor of Surgery.

The program included talks focused on present, past and future by the various guests, including Drs. William Anlyan, vice president of medical affairs at Duke, Nicholas Halasz, professor of surgery from the University of California at San Diego, Edward Kremenz, professor of clinical surgery from Tulane, James O'Neill Jr., professor and chairman of pediatric surgery at Vanderbilt, Benjamin Rush Jr., the Johnson & Johnson Professor of Surgery at the New Jersey Medical School, David Skinner, chairman of surgery at University of Chicago, and Donald Skinner, associate professor of surgery/urology at the University of California at Los Angeles.

Topics included discussions of future critical issues, historical reflections on medical education, several specific areas of current interest in surgery, and an update on the President's biomedical research panel. Yale's section chiefs also brought the audience up to date on recent activities within the department. A gala banquet and evening at the Race Brook Country Club concluded this year's event.

Reunion Notes

1929

Fiftieth

By Russell Scobie and Paul McAlenney

Without stretching anyone's credibility I can easily say this was one of the most pleasant and congenial get-togethers that we have ever had. Our program was entirely "All in the family." We matched almost exactly our number that met for our 40th (23) except for one death. Only **Tommy** and Anne **Tomaino** couldn't make it the last minute as expected.

We enjoyed seeing **John Hangen** for I believe the first time since 1926 and it was a real pleasure to meet Catherine.

Our two longest-distance travellers were both with us in 1969 — **Bill** and **Dorothy Roth** from Omaha, Nebraska and **Bob** and **Bee Frisch** from Milwaukee, Wisconsin. Bob's remark was typical — "We are so happy to make it and enjoyed it thoroughly." Bill Roth hopes to visit again next May 30.

Petey D'Andrea's travels over the past several winters to aid some of the Third World developing nations in anesthesiology was also most interesting. **Paul** and **Esther McAlenney** received the plaudits of all for their conscientious efforts on behalf of the class, and that is a particular compliment as Paul has been our class agent for many years. Paul also read a nice letter from **Johnny Cass**.

Vernon Lippard's remarks are always interesting and of course his talk in the Historical Library to start the day was very well received. Though reunions are stressed every five years, some of us, God willing, hope to renew in 1980 where we left off this year.

The following all left in good humor and I know they were happy and proud to have had this great opportunity to again renew friendships that in most cases began in 1925: **Frank D'Andrea, Charles Epstein, Bob** and **Bee Frisch, George** and **Jeanne Goldman, John** and **Catherine Hangen, Vernon** and **Peg Lippard, Paul** and **Esther McAlenney, Bill** and **Dorothy Roth, Russ** and **Kay Scobie, Bob** and **Dorothy Tennant, Erwin** and **Sally Tracy** and **Herm** and **Rosse Yannet**.

*Russell Scobie, ye olde scribe
since 1926*

The climax of the 50th year class reunion occurs on the occasion of the final event, the class dinner. This affair was celebrated at the Graduate Club, a venerable institution for this senior group. It was an evening to be remembered in a manner that eludes positive expression. This was a group of alumni, selected in 1925 to become the Yale Medical School class of 1929, assembled for an evening some 54 years later. **Vern Lippard** stirred the gathering in an interesting manner by arriving with the individual pictures of the class taken in October during our freshman year. Everyone studied the pictures with considerable interest, and countless memories were refreshed during the procedure. The class secretary, **Russell Scobie**, reported on various class members unable to be present. Messages were received from **John Cass, Tony Liebman Rakieten, Benjamin Spock,** and **Fumiko Yamaguchi-Amano**. There were 23 classmates and wives in attendance, and the occasion was most successful from every angle.

Paul McAlenney, class agent

1934

No report received.

1939

Fortieth

By Joseph Forman

The class of 1939 M was proudly represented by 50% of its physician members extant today. Among those attending were **Harold** and **Estelle Coppersmith** (who flew in directly from London, England for the reunion), **John Ferguson** with **Betty Savage, Joseph** and **Livia Forman, Jerome** and **Phoebe Greenfield, Thomas** and **Rachelle Harvey, Paul Huston, Nathaniel** and **Esther Kenigsberg, James** and **Barbara Murphy, Russell Nahigian** (the latter two with active flash and shutter equipment), **Robert** and **Lucille Rowe, Ernest** and **Dene Sarason, Stuart Stevenson** with **John Macdonald, Henry Streng, Arthur Tucker, Darrell** and **Catherine Voorhees**.

Our interests are still diversified, as evidenced by the fact that we had representation at all of the YSM seminars that ran concurrently on Saturday. The get-together for sherry and luncheon was a warming experience of renewing long

established associations. Conviviality rose with the cocktail hour and dinner held at the Woodbridge Country Club that evening. It truly was exciting for all of us — we should get together more than every fifth year and certainly celebrate more than every fortieth year.

At dinner **Pete Murphy** produced old photos of the class at graduation, while producing instant portraits of those present at the dinner tables (some 26 of us). **Stu Stevenson** produced an unusual card and note from **Margaret Lennox**, long a resident of Denmark, **Joss Forman** contributed an interesting letter from **Doug Walker**, now retiring as medical director of the Maine Medical Center in Portland.

Norman Cressy had expressed his desire and planned to join us for the gala event with his wife **Harriet**, but her recent physical problem rendered it impossible to make the trip from New Hampshire. **Mal White** expressed his sorrow at not being able to attend the reunion, due to the recent loss of his wife.

The enthusiasm and excitement of the occasion was reminiscent of a day in June 1939 when we had convened for commencement. Those who gathered are anxious to hear from those who could not make the reunion. They request that you please send a note of your whereabouts and activities to this column in our alumni magazine.

1944

Thirty-fifth

By Edith Jurka

Many said this 35th reunion was the best so far. A few weeks before the reunion, a twelve-page class journal containing up-to-date information about everyone in the class, was sent out. On Friday, June 1, the class sponsored an all-day symposium entitled "Introduction to Parapsychology" organized by **Edith Jurka**. Seven presentations were made and among the speakers were guests from Yale, Princeton, and MIT. It was well attended.

Lawrence Pickett and **Elias Marsh** hosted gatherings of classmates at their homes in the area during the weekend. Most of our classmates were housed at Durfee Hall on the Old Campus, and this made for much congeniality and convenience.

On Saturday evening our class dinner

was held at the Graduate Club. Almost half of our class members were there, and with spouses, it was a gathering of 34 people. We were: **John** and **Melba Coolidge**, **Corky**, **Frank** and **Betty Ann Countryman**, **Chic** and **Maynette Crothers**, **Jack** and **Flo Doherty**, **Bob** and **Jane Frelick**, **Carol** and **Jolene Goldenthal**, **Charlie Hall**, **Ray** and **Jane James**, **Edith Jurka**, **Tex MacKenzie**, **Elie** and **Harriet Marsh**, **Joe** and **Mildred Massaro**, **Reese Matteson**, **Paul** and **Ann Molumphy**, **Larry** and **Polly Pickett**, **Larry** and **Catherine Roth**, **Nick Spinelli**, **Priscilla** and **Edgar Taft**, and **Tony** and **Lois Varjabedian**.

Larry Pickett was the master of ceremonies, and since he is not only associate dean of the Medical School, but is also chief of staff of the Hospital and chairman of its Medical Board, he was able to give us a very interesting and authoritative account of what has been going on in New Haven. During the evening Nick Spinelli read a marvelously long letter from **Ronnie Losee** written for the occasion; the Frelicks and Corky brought family pictures; Larry Roth, Corky and Edgar Taft were the photographers for the evening. There was such a sense of emotional closeness and comfort of shared experiences as is rarely felt in a group of this size. It makes one realize what it means to have known people for 38 years and to have kept up with their fortunes all that time. Most of us have not changed our ways of professional life during the past five years. The retired members are our oldest one, Joseph Massaro, and **Sara** and **Charles Sherwood** who this spring moved from Rochester, New York to Connecticut. The other big change is that most of our children have now left the nest, and a considerable number have already become physicians themselves.

The Sunday morning of our departure, a group of us at Durfee Hall got together to write a letter about the reunion to all class members.

Everyone who came felt that it was an extraordinary and wonderful occasion, and it seems a shame that everyone in the class does not take advantage of it. Most convinced of this was Reese Matteson, who had come back for the first time, and Tony Varjabedian. In fact, some people will probably be hearing from Reese about their mandated presence at the next one. So we will be looking forward to 1984 (that

much-maligned year), up-to-date news, and another heart-warming, interesting weekend in New Haven.

1949

Thirtieth

By Peter Cunningham

The class of 1949 reunion activities were mostly confined to a reunion dinner held at Mory's. Those attending were: **Bill Anlyan**, wife Bobby and Aunt Rose; **Pete Cunningham**, wife Janice; **Gunnar Eng**, wife Connie; **Paul Goldstein**, wife Betty; **Dan Halvorsen**, wife Maxine; **Ben Johnson**; **Tim Nolan**, wife Barbara; and **Harry Tapp**.

The most stunning news was that Halvorsen, after practicing family medicine in rural Minnesota, has retired to Essex, Connecticut and is building a boat.

Anlyan, now vice-president for health affairs at Duke University, gave one of the lectures at the Surgical Alumni Seminar the day before. In Connecticut, Cunningham is practicing pediatrics in Guilford; Eng, internal medicine in Stamford; Goldstein, who was in pediatrics, is now in outpatient services at St. Raphael's Hospital in New Haven; Nolan practices urology in Greenwich. Johnson, after practicing pediatric immunology, is with Blue Cross, Blue Shield in Florida and Tapp is in general surgery in Springfield, Massachusetts. **Orval McKay's** letter detailing his work as GP, civic doer and aviator was read and appreciated by classmates.

A resolution was passed to start a chain letter emulating McKay's opus, to be circulated among the class and Cunningham was re-elected secretary by default by standing ovation.

1954

Twenty-fifth

By John Rose

The glorious 25th began with informal supper at Leon's on Thursday, May 31st as a few people had arrived early. Most members stayed in Durfee on the Old Campus and on June 1st there were the surgical symposium, a showing of films made by Professor Forbes, and a tour of the Yale Centre for British Art (Paul Mellon's collection) during the day and a barbeque picnic on the Old Campus that evening. Our group joined in all of the activities at the medical school on

Saturday and ended with the reunion dinner in the President's Room, Woolsey Hall. The reunion officially ended with a brunch on Sunday and it rained, fortunately, only after that.

Ed and **Peg Gerety** flew their plane in from Albuquerque (enroute to a meeting in Mexico!) and **Bob** and **Joy Hustead**, theirs from Kansas, but **Jack** and **Jo Ann Vosskuhler's** machine had propeller problems and was left at home in Arizona. Also from the West came **Nick** and **Diane Halasz**, **Walter Freeman**, and **Bill** and **Phyllis Paule**, but by more conventional transport. **Doug** and **Lynn Rees** and **John** and **Cynthia Cole** formed the Lexington, Kentucky brigade, and a former class member, **Bill Elliott** (class of '55), came from Ohio. Of the two girls in our class, we very much missed **Eva Henriksen MacLean** but read her long and delightful letter; but **Kitty Hess Halloran** and husband Tom came up from Stamford. **David** and **Kiki Robinson** have left the Air Force and now live in New Hampshire, so **Bob** and **Beverly Joy** were the sole members of the military present. We were a bit short of psychiatrists; thus **Jacques Quen** and **Don Kornfeld** had to do all of the consultations and **Lowell Olson** (on call that weekend) managed his obstetrical patients adroitly so that he and Barbara could attend. **George** and **Myra Bowers** and **Dick** and **Barbara Pullen** left their practices in good hands in the Hartford area as **Jack** and **Elaine Garipey** did in Bridgeport. The local paediatricians, **Tony Piccirillo** and **Frank Gruskay**, were not on call, much to our delight and of their wives, **Jeanne** and **Bette**; and that famous White Plains paediatrician, **Herb Hurwitz** charmed us even more by bringing his wife, **Erika**, and his two daughters. **Alan** and **Sylvia Covey** crossed Long Island Sound to celebrate with us and the inimitable **Buzz Lind**, now that he is also an Amtrak consultant, glided in by rail. **Walker** and **Sylvia Heap** left their beautiful hunting dogs and a busy orthopaedic practice in Watertown, New York and stayed fit by jogging around the Green every morning. Equally fit and distinguished-looking were **Jan** and **Arthur Crovatto** and **Harry** and **Kari Miller**. **John Rose** braved the Atlantic.

Messages also arrived from **Ralph Campbell** who was unable to leave his practice and the orchards in Montana, **Bill Cone** in Missouri (a new wife and an old house needed attention), **Mike**

De Nicola (a wedding anniversary celebration), and from **Orlando** and Marj **Gabriele** and **Martin Vita**. **Sam Hunter** and **Herb Lubs** and their wives were expected but could not at the last moment attend.

We had a lively and very pleasant time and agreed that despite the fears that they might be a gigantic bore, the 2½ days were delightful, and that it was splendid to visit the University and to find that the occasion really was a reunion of old friends; just over 45% of us attended, perhaps not a record, but a good show.

To further mark the event, we began the collection of money for a 25th Reunion Gift which should be complete by the end of 1979.

1959

Twentieth

By Nicholas Passarelli

Those who returned to the 20th reunion of the class of 1959 enjoyed seasonable weather and a very hospitable ambience. The activities were varied in that various CME credit seminars were attended depending upon one's academic and professional interests. The Mellon Museum of British Art was a prominent non-professional attraction, while some returnees enjoyed more physical activities such as tennis.

The pivotal social occasion of the weekend was the class dinner held at the New Haven Lawn Club where we were served an excellent dinner. Friendships were renewed; pleasant, and near-pleasant past experiences were relived; and a good time was enjoyed by all.

It is anticipated that the 25th reunion will be even better.

1964

Fifteenth

By Joseph Curi

What we lacked in numbers, we more than made up in spirit. When **Tom Snoke** encountered **Bill Houghton**, **Don Skinner** and **Joe Curi** at the afternoon luncheon at Harkness, he exclaimed, "How come only tall people attend reunions?"

That afternoon, Skinner and his pregnant Prince Racquet, edged out Curi, 6-3, 6-4, for the Reunion Tennis Tournament Championship.

That evening we were joined by **Bob Lyons**, **Dave** and **Ginny Johnson**, and **Peter** and **Reggie Gross** for a festive evening at the Tivoli. Susannah Curi and Shirley Skinner chaperoned. When **Bob** and **Chris Briggs** arrived, a 10% surcharge was added to our bill. Bob still can't find the spinach.

Tom Snoke won the "Best Dressed" Alumnus Award. He had so much Indian jewelry on that he was not allowed to get too excited for fear of a rain storm.

We were disappointed when **Mary, Bravo, Esguerra, Parkman** and **Gault** failed to show.

After hours of laughter and nostalgia, Gross concluded "Maybe we were the worst class in the history of . . ."

1969

Tenth

By Paul Markey and David Upton

The class of 1969 met for their tenth reunion dinner at Mory's with a fine turnout of alumni and their guests. Those in attendance had the distinct look of success and prosperity.

Charles Dinarello, the "Fever Maven" is now on the faculty at Tufts Medical School. **Dan Eichenbaum** has recently moved to New York City with his wife, Rebecca, and their five (!) children where Dan has established his ophthalmology practice after five years of practice in Miami. **Bob** and **Toni Gordon** and their two children live in Washington, D.C. where Bob has a practice in orthopedic surgery. **Tom** ("the Rooster") and **Paula Howard** and their two children are living in Nebraska. Tom is assistant professor of surgery at the University of Nebraska Medical Center and Paula has her own calligraphy business. **Lee** and **Carol Jampol** and their two children are living in Chicago, where Lee is associate professor of ophthalmology at the University of Illinois and Carol has a resume writing and career counseling business. A strong vote of thanks was given to Lee for his years of diligent work on the alumni fund. **Rowena Korobkin** lives in San Francisco where she practices pediatric neurology at Oakland Childrens Hospital. She is also doing research at Stanford on crib death. She has just published her first book "Advances in Perinatal Neurology, Vol I." **Elliot** and **Carol Livstone** and their two children are living in New

Haven where Elliot is a full-time gastroenterologist at Yale. He is doing cancer research and has just been promoted to the rank of associate professor of medicine. **Paul** and **Fran Markey** and their two children (soon to be three) are living in Norwalk, Connecticut, where Paul is an orthopedic surgeon in private practice. **Arnold** and **Nancy Mazur** and their two children are located in Boston where Arnie is director of health services at Boston College. **Tom** and **Betsy Minehan** and their two children live in Saranac Lake, New York where Tom practices general surgery. **Lionel** and **Elaine Nelson** and their three kids live in San José, California where Lionel practices ENT surgery. Lionel also runs eight miles a day religiously. Elaine practices law, part-time.

Richard Pollis is an orthopedic surgeon in Santa Monica, California. **Jody** and **Meg Robinson** live in Washington, D.C. where Jody practices internal medicine. He has a clinical appointment at George Washington University Medical School. **Sam** and **Andrea Schnall** and their three children live in Cleveland where Sam practices internal medicine and endocrinology at Case Western Reserve University. **Jerry Smallberg** is a neurologist at Lenox Hill Hospital in New York City. Jerry is also teaching at Columbia University. **Steve** and **Dotti Webb** and their two children live in Rochester, New York where Steve is a pediatrician at the Genesee Health Service. **Sandy** and **Lyne Genser** and their two children live in Washington, D.C. where Sandy is a Lieutenant Colonel in the U.S. Army doing a combination of research, practice, and teaching at the Walter Reed Research Institute. Lyne is director of social work at a local psychiatric hospital.

Dave (the "Shoe") **Schulak** is recently married and on the staff of the Department of Orthopedics, Loyola University, Maywood, Illinois. **Steve Herzberg** is practicing dermatology in Roselle Park, New Jersey, and is teaching the same at New York University. **Dave Upton**, our class president, and his wife, Ellen are living in Alexandria, Virginia, where Dave is practicing psychiatry and Ellen is studying interior design and art. Dave has also written several books — fiction and non-fiction — which he hopes will be published soon. Unfortunately, though, Dave was unable to attend due to a recurring

Other Alumni News

1931

Abraham Schechter, in recognition of his distinguished medical achievements, was named a Fellow of the American College of Radiology and awarded a certificate of fellowship by the College at its annual meeting in Chicago in September. Dr. Schechter, who was affiliated with Jewish Hospital and Medical Center, Brooklyn, and Peninsula Hospital Center in Far Rockaway, New York, is now retired and living in Los Angeles, California.

1951

Ismail Nevin, of Rhinelander, Wisconsin, has been named a Fellow of the American College of Radiology in recognition of his distinguished medical achievements. Dr. Nevin, who received this award at the annual meeting of the College held in Chicago in September, is affiliated with St. Mary's Hospital, Sacred Heart Hospital, Eagle River Memorial Hospital and Northwoods Hospital in Wisconsin.

1955

James Nolan, head of medicine at Buffalo General Hospital, has been named chairman of the Department of Medicine at the State University of New York at Buffalo School of Medicine. Dr. Nolan served as vice chairman of the department since 1973 and as acting chairman since February 1978.

1960

In recognition of his medical achievements, the American College of Radiology named **Paul Friedman** a Fellow of the College at its annual meeting in Chicago in September. He received a certificate of fellowship at that time. A resident of La Jolla, California, Dr. Friedman is affiliated with the University of California Medical Center in San Diego, and the Veterans Administration Hospital in La Jolla.

House Staff

1948

David Hamburg has been named to direct a new Division of Health Policy Research and Education at Harvard. Together with appointments in other Harvard faculties, Dr. Hamburg has been named professor of psychiatry and chairman of the Division of Human Behavior and Health Policy at the Medical School. He is president of the Institute of Medicine of the National Academy of Sciences, and will hold this position until the fall of 1980.

1958

On July 1, **Robert Houlihan** became president of the Medical Staff of Yale-New Haven Hospital. Dr. Houlihan, who has practiced general surgery in New Haven since 1960, said that "with the construction of the new facility and its consolidated operating room area, it is imperative to develop better communications between the university-based and community-based physicians." He hopes to continue the effort of his predecessor, **Walter Morgan** ('51), in improving communications between all staff members and thereby improve patient care, teaching and research.

When he is not practicing surgery, Dr. Houlihan enjoys golf and photography and is involved in youth hockey and baseball in Orange, where he now lives with his wife, Carol, and their three children.

NECROLOGY

- '33 M.D. Sydney W. Stringer, September 28, 1978
- '37 M.D. Bernhard H. Hartman, June 5, 1979
- '51 M.D. Ruth L. Cort, May 19, 1979
- '58 M.D. George W. Hulme, July 31, 1979
- '60 M.P.H. Joseph P. Coco, M.D. (date unknown)

back ailment.

Good times were recalled and old friendships renewed during the course of the evening, and as the class members left to return to widespread parts of the country, they were already talking about meeting again at the 15th reunion.

Paul Markey

P.S.

I want to thank Gentleman Paul Markey for doing a yeoman's job in my absence as master of ceremony at the class reunion dinner. Also, I have some news on a few class members who were not at Mory's. **Rob Marier** and his wife, Joanne, and their two children are living in New Orleans where Rob is working in infectious disease at Charity Hospital. His wife is studying law.

Debbi Putnam is practicing emergency care medicine at Queen's Hospital in Hawaii and has recently bought a house on the beach. She is also treasurer of the Hawaii Ski Patrol. **John** and **Patty Kelly** and their two children are residing in Minnesota where John is practicing neurology at the Mayo Clinic. In Oregon, **Anna Solis** is practicing radiology in Portland and **Mike Toren** is practicing cardiology in Hillsboro. **Ralph Falkenstein** is practicing ophthalmology in Brookfield, Connecticut; **Brian Altman** is in private practice and teaching pediatric ophthalmology in Abington, Pennsylvania. **Steven Krant** is practicing plastic surgery in La Jolla, California.

I also want to thank Lee Jampol for his dedication and devotion to an often thankless job—that of class agent. We shall meet in New Haven in five years' time. Start making your plans now.

David Upton

1974

No report received.

Yale Alumni in Medicine

May 30 and 31, 1980 —

Alumni Weekend

Plan now to attend!

Results of 1978–1979 Alumni Fund Campaign

July 1, 1978–June 30, 1979

Dear Medical School Alumni:

The great strength of the Medical School Alumni Fund is due entirely to its volunteer structure.

The 59 Class Agents; Vice-Chairmen, Malvin White, William McClelland and John Cieply; and all the other volunteers have devoted many hours for the Medical School. Their pride and enthusiasm are directly related to their belief that Yale Medical School is one of the finest institutions in the world.

The opportunity to work with a willing and dedicated group of alumni is most gratifying indeed. I am pleased to thank them all for a job well done and to say that I look forward to a successful and challenging year.

Sincerely,
Harvey L. Young, '52
Chairman

Message from the Dean

Once again I want to express my appreciation to those alumni and alumnae who have contributed to the support of the School through the Medical School Alumni Fund. I also want to thank Harvey Young, and his Vice-Chairmen, and all of the Class Agents for their hard work on behalf of the Fund.

Student financial aid, especially money for loans, continues to be one of our greatest needs. As in past years, the income from this year's Alumni Fund annual giving will be used to provide additional student loans. In this way those who have benefited from a Yale medical education are helping our current students.

With my deep appreciation for your past and future support.

Robert W. Berliner

Fund Officers 1978-79

Medical School Alumni Fund

Harvey L. Young, '52, *Chairman*

J. Roswell Gallagher, '30, *Bequest and Endowment Chairman*

Malvin F. White, '31, *Vice-Chairman*

William K. McClelland, '47, *Vice-Chairman*

John L. Cieply, '71, *Vice-Chairman*

Public Health Alumni Fund

Robert W. McCollum, *Department Chairman*

Kathleen Howe, '56, *Volunteer Co-Chairman*

Samuel B. Webb, Jr., '63, *Volunteer Co-Chairman*

Message from the Chairman of Epidemiology and Public Health

Your generous response to our appeals during the past year established records for participation and total amount contributed. To the final alumni gift figure of almost \$32,000, additional donors have provided more than \$3,000 to firmly establish the base for an endowed Kay Howe Scholarship Fund. It was a well-kept secret until the Alumni Day report .

Although Kay has recently sent a personal note to each contributor, Sam Webb and I would like to add our thanks on behalf of all EPH faculty and students. You will be pleased to know that in her "retirement" Kay has volunteered to continue working with Sam on alumni fund activities.

Robert W. McCollum

Medical School Class Participation

<i>Year(s)</i>	<i>Agent</i>	<i>1977-78 Total</i>	<i>1977-78 % Part.</i>	<i>1978-79 Total</i>	<i>1978-79 % Part.</i>
1903-20		1,181	35%	1,074	25%
1921	Barnett Greenhouse	390	100%	235	60%
1922	Edward T. Wakeman	865	69%	318	54%
1923	William Cohen	1,025	73%	525	55%
1924	Myron A. Sallick	2,015	78%	6,599	67%
1925	Alice A.S. Whittier	945	64%	565	57%
1926	Maxwell Bogin	600	52%	520	48%
1927	Henry Irwin Fineberg	1,332	42%	1,234	36%
1928	Max Alpert	2,204	59%	2,002	68%
1929	Paul F. McAlenney	1,370	72%	2,032	79%
1930	J. Edward Flynn	3,535	52%	2,859	42%
1931	Michael D'Amico	1,405	47%	1,070	47%
1932	Storer P. Humphreys	2,205	52%	2,285	48%
1933	Frederick Wies	1,958	39%	1,233	41%
1934	Dewitt Dominick	3,134	50%	1,828	43%
1935	James Q. Haralambie	1,733	45%	2,320	56%
1936	Hannibal Hamlin	1,801	39%	1,738	33%
1937	David Dolowitz	889	43%	2,041	53%
1938	Nelson Ordway	2,100	54%	895	44%
1939	Robert G. Ernst	1,890	48%	2,123	48%
1940	James F. Ferguson	2,245	60%	2,265	59%
1941	Charles B. Cheney	2,195	66%	1,645	59%
1942	Walter J. Burdette	2,781	50%	7,552	51%
1943	Jonathan Lanman	4,465	55%	3,450	51%
	S. Brownlee Brinkley				
1944	Nicholas P.R. Spinelli	3,522	62%	7,844	67%
1945	Richard W. Breck	3,220	64%	2,645	63%
1946	Julian A. Sachs	4,375	53%	3,395	57%
1947	William Roy Breg	2,174	53%	2,315	58%
1948	Paul Koehler	1,610	47%	1,995	57%
1949	Daniel Elliot	1,800	38%	1,970	47%
1950	Archie Golden	2,847	73%	2,908	66%
1951	Lowell I. Goodman	2,910	40%	2,565	34%
1952	Harvey L. Young	3,398	44%	2,250	38%
1953	Vincent Lynn Gott	8,960	61%	3,018	51%
1954	John K. Rose	3,195	58%	4,475	64%
1955	Robert A. Kramer	3,090	53%	3,310	55%
1956	John H. Gardner	5,900	51%	7,180	57%
1957	William J. Waskowitz	5,320	65%	3,665	56%
1958	Charles A. Hall, Jr.	8,585	66%	6,065	49%
1959	Asa Barnes, Jr.	5,882	62%	6,810	61%
1960	Thomas P. Kugelmann	4,865	57%	6,030	50%
1961	Jon D. Dorman	3,805	54%	3,505	50%
1962	A. Richard Pschirrer	2,665	56%	2,500	54%
1963	Craig H. Llewellyn	4,864	56%	3,000	43%
1964	William J. Houghton	3,030	62%	2,702	56%
1965	David A. Hill	4,510	61%	2,547	53%
1966	Mary Alice Houghton	3,140	61%	3,123	68%
1967	James Dowaliby	3,265	65%	2,525	56%
1968	Frank E. Lucente	2,837	63%	2,045	55%
1969	Lee Merrill Jampol	2,763	58%	4,064	64%
1970	James R. Missett	1,288	41%	1,116	40%
1971	John L. Cieply	3,482	52%	2,668	55%
1972	Paul A. Lucky	955	38%	760	33%
1973	David Bailey	1,540	48%	910	30%
1974	Peter J. Buchin	360	29%	344	28%
1975	Daniel Passeri	356	16%	331	13%
1976	Sarah Auchincloss	256	12%	138	10%
1977	David Kreis	455	22%	490	27%
1978	Duke Cameron	—	—	440	29%
	Medical School Parents	7,681		2,901	
	House Staff	4,001		4,368	
	Others (Friends & In Memoriam Gifts)	1,197		5,449	
	Medical School Alumni Fund Total	168,367	56%	162,780	50%

Contributors to the 1978-1979 Fund

1908

Michael A. Parlato

1912

Walter C. Tilden

1920

Stanton Davis

Joseph Weiner

1921

Ella W. Calhoun

Joseph T. Eagan

Barnett Greenhouse

1922

Maurice Grozin

Benedict R. Harris

Chester E. Hurwitz

Helen P. Langner

Reginald T. Lombard

Henry B. Rollins

Edward T. Wakeman

1923

Frank G. Amatruda

Dexter M. Bullard

William Cohen

Joseph Epstein

Samuel Karellitz

Jacob Mellion

1924

D. A. D'Esopo

Edward M. Gould

David M. Raskind

Myron A. Sallick

Jacques D. Soifer

Harold T. Vogel

1925

Spafford Ackerly

Dorence S. Cowles

Edward A. Cramton

Waldo F. Desmond

Henry W. Ferris

Davis H. Pardoll

Joseph Petrelli

Thomas R. Preston

Samuel Reback

Welles A. Standish

Alice A. Whittier

Howard A. Wood

1926

Stanton T. Allison

Eugene C. Beck

Maxwell Bogin

Charles M. Goss

Joseph L. Hetzel

Morris Hinenburg

Ben Klotz

Milton Malev

Alexander E. Rosenberg

C. E. Woodruff

1927

Milton B. Berman

Hyman Cohen

Henry I. Fineberg

Meyer Friedenson

Herman H. Goldstein

Albert Jablonski

Nathan Levy

William C. Meredith

George H. Zinn

1928

Max Alpert

Clement F. Batelli

Berthold R. Comeau

Sheldon A. Jacobson

Raymond A. Johnson

Ralph E. Knutti

R. H. Lockhart

Mary B. Michal

Harry C. Oard

Er-Chang Ping

Nathan E. Ross

Robert I. Rubinstein

Alvin A. Schaye

Lewis A. Scheuer

George C. Wilson

1929

James R. Arneill, Jr.

John W. Cass, Jr.

Frank H. D'Andrea

Charles J. Epstein

Robert A. Frisch

Olive Gates

George S. Goldman

Harold J. Harris

George P. Jackson

Victor H. Kugel

Vernon W. Lippard

Paul F. McAlenney

Tony L. Rakieten

William R. Roth, Jr.

Russell B. Scobie

Benjamin Spock

Robert Tennant

Felix F. Tomaino

F. E. Tracy

Mabel Wilson

Fumiko Yamaguchi-Amano

Herman Yannet

1930

Samuel Alpert

Courtney C. Bishop

Frederick F. Boyce

Vincent A. Doroszka

Knox H. Finley

J. E. Flynn

J. R. Gallagher

James C. Hart

Edmund L. Kitzmeyer

Moses D. Lischner

John C. Mendillo

Paul Watson

Amy H. Wilson

1931

Dana L. Blanchard

Henry H. Briggs, Jr.

Benjamin Castleman

Michael D'Amico

Arthur J. Gavigan

Paul A. Harper

Harold E. Harrison

Morris F. Heller

Thomas C. Jaleski

A. P. LaFrance

Nelson Newmark

Sheldon Payne

Morris L. Rakieten

Abraham J. Schechter

1932

Henry Brill

Frank Carroll

Clement C. Clarke

Hester B. Curtis

Joseph P. Donnelly

Lewis F. Foster

Conrad R. Lam

Mario L. Palmieri

Arthur J. Present

Elizabeth M. Ramsey

Benjamin N. Tager

Myron E. Wegman

Frank B. Wisner

Edmund A. Zybulowski

1933

Caroline A. Chandler

Warren P. Cordes

Lee E. Farr

Franklin M. Foote

Jack Greenberg

Daniel F. Harvey

Raymond E. Miller

Ashley Pond, III

Lester Q. Stewart

Frederick A. Wies

Francis M. Woods

1934

Leona Baumgartner

Frederick Beck

James F. Blades

DeWitt Dominick

Derick A. January

Knowles B. Lawrence

Herbert C. Miller

John B. Ogilvie

Lucien M. Pascucci

Harry Sherman

William R. Willard

George Zalkan

1935

Walter E. Barney

George A. Carden, II

Maurice A. DeHorne

Bernard S. Dignam

Sawnie R. Gaston

H. H. Groskloss

James Q. Haralambie

Henry L. Hartman

W. H. Horner

Samuel D. Kushlan

John D. Preece

Norman P. Rindge

Clark P. Searle

Jack C. Sleath

Walter A. Thompson

Paul H. Twaddle

Ashbel C. William

Samuel Zelman

1936

George H. Brown

Lester W. Burket

Albert W. Diddle

Franklin F. Ferguson

Margaret C. Gildea

George D. Gross

George A. Hahn

Louise G. Hutchins

E. R. Kimball

Philip M. LeCompte

Frederick A. Post

Morris Tager

1937

Edmund R. Blower

Claire B. Crampton

Margaret Dann

David A. Dolowitz

D. C. Greene

Joseph B. Hollinshead

Wilbur D. Johnston

Alfred E. King

Dunham Kirkham

Julia Mehlman

James P. Morrill

Charles W. Neuhardt

T. D. Pratt

Alan A. Rozen

Morgan Sargent

Albert D. Spicer

John M. Thomas

Jean Wells

Lucille R. Wierpert

Lorande M. Woodruff

1938

Roy N. Barnett

Henry L. Carideo

Roberta Crutcher

S. C. Kasdon

Edward Nichols

Nelson K. Ordway

Charles Petrillo

Edward W. Pinkham, Jr.

James Radcliffe, Jr.

Arthur S. Reynolds

Lester J. Wallman

J. R. Zahn

1939

William H. Druckemiller

Robert G. Ernst

John P. Ferguson

Joseph B. Forman

S. J. Greenfield

Arthur E. Laidlaw

Ward J. McFarland

James P. Murphy

Russell Nahigian

Ernest L. Sarason

Bradford Simmons

Rebecca Z. Solomon

Stuart S. Stevenson

Henry B. Streng

John D. Tobin

Arthur S. Tucker

Darrell G. Voorhees

Douglass W. Walker

Malvin F. White

1940

Theodore E. Allen

Jack S. Blaisdell

Philip S. Brezina

Crawford J. Campbell

Thaddeus S. Danowski

Wynant Dean

Robert M. Dunlap

James F. Ferguson, Jr.

John C. Haley

Henry D. Humphrey

H. S. Irons, Jr.

Donald G. Johnson

Ira D. LeFevre, Jr.

Paul D. MacLean

Edward Martin

William R. Oakes

Maurice Ross

Lee S. Sannella

W. N. Sears

Joseph E. Sokal

J. C. Taylor

Patricia E. Wanning

John B. Wells

Helen H. Woods

1941

Robert H. Alway

Robert H. Areson

W. R. Bell

Knute E. Berger

Marvin Blum

Hugh H. Butler

William A. Carey, Jr.

Joseph

Robert G. Turner
C. W. Watson
John J. Weber
James T. Wolstenholme
Edward C. Wolston
Robert H. Wyatt
1944
Carl E. Andrews
Edward J. Conway
John C. Coolidge
George B. Corcoran, Jr.
Frank W. Countryman
Charles H. Crothers
Lawrence G. Crowley
John H. Doherty
Robert W. Frelick
Carol Goldenthal
Ward S. Jenkins
Edith M. Jurka
Jerome J. Kaye
Frederick F. Krauskopf
Elias J. Marsh
Katharine H. Martin
Nora H. Mason
Joseph Massaro
A. R. Matteson
Lawrence K. Pickett
Laurence G. Roth
Haynes W. Sheppard
Sarah P. Sherwood
Eugene Smith
Nicholas P. Spinelli
Priscilla D. Taft
Anthony Varjabedian
Calvin W. Woodruff
Reuben Zucker
1945
George H. Allison
A. J. Anlyan
Albert S. Atwood
Richard W. Breck
Carleton J. Brown
Louise H. Burr
Alice S. Cary
Jay B. Cohn
Thomas P. Cotter
Edward M. Daniels
Richard R. Dyer
Robert S. Easton
Sidney S. Feuerstein
John H. Flynn
Alice D. Friedman
Raymond A. Gagliardi
Philip S. Good
Herbert S. Harned, Jr.
O. R. Hollan
Hans R. Huessy
Leland W. Jones
John H. Killough
John A. Knapp
William E. Laupus
Raymond E. Lesser
Mark M. Lindsey
Charles U. Lowe
James R. Mason
Charles E. McLean
Lawrence J. Morin
George W. Naumburg, Jr.
Fitzhugh C. Pannill
Richard M. Peters
Charles E. Sherwood
Kenneth C. Steele

1946
William G. Banfield, Jr.
Aaron T. Beck
Franklin C. Behrle
Linus W. Cave
Thomas J. Coleman
James F. Cooney
Thomas A. Doe
Charles S. Judd, Jr.
Harold King
Benjamin F. Kitchen, Jr.
James A. Kleeman
Vincent J. Longo
Richard H. Mann
Thomas J. Mathieu
John H. Morton
Laura W. Neville
John F. Neville, Jr.
Robert H. Owens
Vincent Pepe
David H. Riege
Phillips E. Roth
Julian A. Sachs
Donald P. Shedd
Richard G. Sisson
Colby S. Stearns
Robert R. Wagner
William P. Walsh
William J. Wedemeyer, Jr.
Thomas J. Whelan, Jr.
Elihu S. Wing, Jr.
1947
George R. Barnes, Jr.
Albert W. Bostrom, Jr.
John E. Bowers
William R. Breg, Jr.
Richard G. Britton
M. R. Carlin
Arthur H. Chapman
William F. Collins, Jr.
Robert P. Darrow
Jean H. Dougherty
Owen W. Doyle
Franklin H. Epstein
Edward D. Foord
Richard K. Friedlander
Frank L. Golbranson
Frank H. Horton
Robert J. Kerin
Don F. Kimmerling
Richard P. Levy
Brock Lynch
Victor A. Machcinski
William K. McClelland
Myron K. Nobil
Lawrence C. Perry
Philip H. Philbin
Edgar B. Phillips, 2d
Olive E. Pitkin
Irving Rudman
Igor Tamm
Patricia B. Tudbury
Ellis J. VanSlyck
Laura B. Weed
M. H. Williams, Jr.
1948
Russell J. Barnett
Edith M. Beck
Ruth E. Cortell
G. R. Downie
Marie C. Duncan
Boy Frame
Emil Frei, 3d
Julian Frieden
Allan Green
B. H. Griffith

Sylvia P. Griffiths
Beatrice A. Hamburg
Richard M. Hannah
W. R. Johnson
Paul B. Koehler
Robert C. Lawson
Robert E. Lempke
John P. Morris
David E. Morton
Gerald R. Nowlis
Jessie E. Parkinson
Richard C. Peterson
George P. Rostel
Lewis P. Rowland
Benjamin F. Rush, Jr.
Jerome H. Shapiro
Anne G. St. Goar
Paul Talalay
Wallace W. Turner
Paul W. Weld
1949
William G. Anlyan
Alfred E. Bacon, Jr.
Jonathan S. Bishop
Mary P. Couchman
Philip G. Couchman
Peter R. Cunningham
N. J. Ehrenkranz
Daniel W. Elliott
Gunnar O. Eng
Albert A. Fisk
Frederic Forro, Jr.
Paul S. Goldstein
Frederick W. Gray
Jackson Harris
Benjamin A. Johnson
Orval I. McKay
Timothy F. Nolan, Jr.
Richard D. Otis
Julian I. Pichel
Edmund L. Piper
Charles L. Rennell, Jr.
Daniel Rudman
Carl M. Russell
William H. Sewell
Ruth Spielmeier
Raymond D. Sudarsky
1950
Russell N. Anderson
Lyal D. Asay
Sylvia L. Axelrod
John E. Borowy
Alvin Davis
Kent Ellis
Lloyd M. Felmy, Jr.
Thomas J. Ferraro, Jr.
Daniel Fine
David A. Frucht
Carl A. Gagliardi
Archie J. Golden
Chesterfield G. Gunn, Jr.
Wallace M. Kemp, Jr.
Sidney S. Lee
John B. Le Roy
Milton E. Lesser
Janus C. Lindner
Margaret S. Lyman
Harold March
Harry L. McClelland
Robert T. McSherry
John H. Meyers
William T. Newton
Jane B. Shumway
Martin E. Smith
John S. Strauss

1951
Karel B. Absolon
Goffredo Accetta
Thomas T. Amatruda, Jr.
Eleanor Clay
John J. Egan
Daniel X. Freedman
Ralph M. Gofstein
Lowell I. Goodman
Robert N. Hamburger
John V. Haxo
Carroll K. Iverson
Francis L. Merritt
Walter S. Morgan
Albert R. Mowlem
Richard S. Munford
Jose F. Patino
Arthur A. Pava
Majie S. Potsaid
Harold M. Sterling
William A. Taylor
1952
John W. Arnold
Kenneth G. Bartels
Frank R. Coughlin, Jr.
Richard N. Deniord, Jr.
Raymond S. Duff
James R. Durham
Arthur P. Hustead
William J. Johnson
William W. Klatchko
David Kligler
William R. Letsch
Robert F. Owen
Leonard Rush
Mary W. Schley
Donald H. Schultz
Robert B. Schultz
John H. Wagner, Jr.
Doris L. Wethers
John L. Wolff
Harvey L. Young
Robert Zeppa
1953
Claude Bloch
Harold D. Bornstein, Jr.
William R. Chaffee
Rex B. Conn
Melvin H. DeGooyer
Louis R. Del Guercio
Vincent L. Gott
A. D. Hauser
George L. Hoffman
David P. Holman
Peter B. Hukill
Richard R. Knowles, 3d
Frederick M. Lane
John H. Mann
Harvey M. Peck
Warwick Potter, Jr.
Paul G. Quie
Jose Ramirez-Rivera
John D. Rice, Jr.
John C. Roberts
Barbara F. Rosenberg
Irwin K. Rosenberg
Virginia C. Saft
Richard A. Sinnott, Jr.
Mary A. Soule
Lynn C. Stoker
Albert L. Stone
Matthew A. Tandysh
William J. Vandervort
William A. Wilson, Jr.

1954
W. D. Ashworth
Frank P. Berg
Richard J. Bouchard
George N. Bowers, Jr.
Ralph K. Campbell
John R. Cole
Alan H. Covey
Arthur C. Crovatto
Bruce Draper
Walter J. Freeman, 3d
John A. Garipey
Edward J. Gerety
Frank L. Gruskay
Nicholas A. Halasz
Robert P. Hatch
Walker R. Heap, Jr.
Robert F. Hustead
Robert J. Joy
Robert M. Keith
Donald F. Klein
Donald S. Kornfeld
Richard Lamb
Frederick J. Lind, Jr.
Eva H. MacLean
Paul N. Neufeld
James J. Nora
Lowell E. Olson
William J. Paule
Richard D. Pullen
Jacques M. Quen
Edwin R. Ranzenhofer
Earl D. Rees
John K. Rose
Elihu M. Schimmel
Leonard M. Silverman
Robert L. Stein
John W. Vosskuhler
1955
John B. Atwater
John C. Bailar, III
E. E. Bittar
Douglas G. Boyden
Irwin M. Braverman
Edward N. Brennan
Padraic Burns
Joseph A. Camilleri
Leo R. Cardillo
Nicholas A. Coassin
Edward D. Coppola
Pasquale J. Costa
John G. Daley
Fred W. Doyle
William O. Edward
Leroy Engel
F. R. Fekety, Jr.
Edwin G. Femand
Mahlon V. Freeman
James C. Garlington
Barbara W. Gibson
Dicran Gouljian, Jr.
Ion Gresser
John H. Hodge
D. F. Johnson, Jr.
Harry O. Kendall
David R. Kessler
Edward A. Krull
C. G. LaFarge
William E. Lattanzi

James Lum
Joseph S. McGuire, Jr.
Robert C. Nodine
Gloria C. Onque
John C. Pace, Jr.
Robert H. Peters, Jr.
Paul J. Robinson, Jr.
F. B. Scott, Jr.
Phillip W. Smith
Alan A. Stone
Alexander Zuckerbraun

1956

Alvin D. Benjamin
Peter Blos, Jr.
Levon Z. Boyajian
Arvid J. Bradley
Thomas M. Brown
Rosalie A. Burns
Edwin L. Child
James C. Collias
Donald J. Dalessio
Chandler Dawson
S. E. Downing
Mitchell Edson
Gilbert M. Eisner
Thomas F. Ferris
John H. Gardner, III
Sumner Gochberg
George E. Green
Alan R. Gurwitt
Arne G. Haavik
Armen C. Haig
John H. Hart
Robert L. Hill
Theodore E. Hoffman
Marie-Louise T. Johnson
Jerome O. Klein
William V. Lewit
Preston C. Manning
Norman F. Moon
Donald J. Nalebuff
A. F. North, Jr.
David A. Page
Robert L. Powell
Stewart E. Pursel
John Y. Pyo
James Scheuer
Benjamin A. Shaver, Jr.
Donald W. Sherrick
Donald R. Sperling
Charles Zigun

1957

Joseph S. Amenta
Jack N. Blechner
Richard I. Breuer
Harry C. Briggs
John P. Carey
Albert K. Chun-Hoon
Harold D. Cross
Brian Crowley
Thomas H. Danaher
James R. Dorr
Salvatore Falbo
Harold J. Fallon, Jr.
Robert E. Fishbein
Ronald H. Fishbein
James R. Fitzgerald
Anthony L. Fons, 3d
Elizabeth H. Forsyth
Robert H. Glass
Anne H. Good
Jack P. Green
Malcolm Hill
Gilbert F. Hogan
Warren R. Johnson
Richard L. Kahler

William L. Kissick
George C. Knovick
Jack Levin
Bennett F. Markel
Mark D. Marshall
Howard A. Minners
Robert K. Modlin
Hugh L. Moffet
George A. Nelson, Jr.
Herbert A. Newman
Joseph S. Pagano
Clifford B. Reifler
Lathrop E. Roberts
Jesse G. Rubin
Kenneth A. Simon
Gilbert B. Solitare
Robert W. Southworth
Donald C. Stahl
William J. Waskowitz
Robert E. Youngen
James G. Zimmer

1958

George K. Aghajanian
John P. Arnot
Joseph J. Cillo
Robert V. Diserens
Robert J. Donohue, Jr.
Lawrence Dubin
Donald A. Duncan
Joel C. Eberlin
Michael E. Fishman
Peter A. Flynn
John C. Gallagher
Marcia K. Goin
William M. Gould
James Greenwald
Stanley Harris
Ernest L. Hartmann
George W. Hulme
Michael Kashgarian
Haskins K. Kashima
Jay W. Kislak
Theodore W. Lieberman
Myron Lotz
Jack W. Love
Thomas J. Mauro, Jr.
Andrew J. McGowan, Jr.
Robert S. Neuwirth
David W. O'Keefe
Carol F. Phillips
David M. Pugh
William B. Radcliffe
Paul A. Rudnick
Bruch H. Sklarew
Raymond W. Turner

1959

Scott I. Allen
Carol J. Amick
Asa Barnes, Jr.
Francis A. Beer
Jack F. Bowers
William C. Butterfield
Edward Call, Jr.
Sidney M. Cohen
Martin Colodzin
Lyall S. Crary, Jr.
William J. Donegan
Gerald Fenichel
Robert L. Fisher
Robert J. Gonyea
W. K. Hadley
William H. Heydorn
C. R. Hinckley
Leonard Inker
John J. Jasaitis
Edvardas Kaminskas
David W. Kingsbury
Parry B. Larsen
Myron S. Lee
Kathryn H. Lewis
Daniel L. Macken
Michael J. McCabe
James A. O'Neill, Jr.
Robert H. Ostberg
Nicholas M. Passarelli
Charles A. Phillips
Lincoln T. Potter
James D. Prokop
James R. Ralph
David P. Reed
Joseph D. Robinson, Jr.
Joseph D. Saccio
Marvin L. Schulman
Owen A. Shteir
David B. Skinner
Sanford P. Solomon
Gene W. Spector
James J. Stagnone
Lisa V. Steiner
Leo H. von Euler
Muriel D. Wolf

1960

Victor Altshul
Alan W. Ames
Colin M. Bloor
Stuart P. Bowne
Donald P. Buebendorf
Stanley M. Chung
Neil R. Cooper
Louis A. D'Avanzo
Caldwell B. Esselstyn, Jr.
Warren H. Fisher
Paul J. Friedman
Alvin E. Friedman-Kien
Eugene C. Gaenslen, Jr.
James I. Gilman
Roland H. Ingram, Jr.
Daniel M. Jones
William S. Kaden
Eric P. Kindwall
Susan T. Kleeman
Thomas P. Kugelman
Edward R. Lang
Thomas Lau
Edward Longo
Eugene G. McCarthy, Jr.
Donald L. Miller
Richard G. Morrill
Allan W. Newcomb
Fred Palace
Martin L. Reite

Albert M. Ross
Daniel J. Rubin
Fred Stargardter
Constantine M. Voyagis
Robert C. Wallach
May Y. Wang
Ronald A. Yankee

1961

Earl L. Baker
Jack D. Barchas
Albert A. Bechtoldt, Jr.
David W. Brook
Orson R. Dee
Paul D. Deiter
Ronald A. Dierwechter
Jon D. Dorman
David J. Dreyer
Christopher F. Durham
Philip Felig
James M. Giffin
Edward C. Gilbert
Louis D. Hunt
Richard L. Keefe
Marguerite S. Lederberg
Robert I. Levy
Joseph R. Lusby
David B. Matloff
John A. McCormack
Anoush Miridianian
Richard A. Moore
Norman I. Moss
Roland D. Paegle
John C. Parker
John Pearce, Jr.
Bruce C. Robinson
Roy E. Ronke, Jr.
Stanley G. Schade
John J. St. Andre
Robert N. Taub
Franklin H. Top, Jr.
David E. Weaver
Warren D. Widmann
John R. Woodward

1962

David L. Adams
Charles B. Anderson
Frederic P. Anderson
Ann B. Barnes
Norman H. Bass
Dean E. Burget, Jr.
Fredric K. Cantor
Thomas N. Chase
Richard N. Collins
Oliver T. Dann
Arnold J. Eisenfeld
John W. Foreman
Leroy A. Forstrom
Stephen J. Fricker
John N. German
David H. Groth
John T. Harrington
Frank R. Hartman
Patricia C. Hassakis
J. D. Howe
Victor W. Hurst, III
Glenn L. Kelly
David E. Knoop
Bernard Kosto
Alan D. Lieberman

John P. Lynch
Stanley E. Matyszewski
David J. McConnell
William G. Meffert
William A. Miller
David D. Nicholas
Karlen L. Paulay
A. R. Pschirrer
Joseph Ross
James A. Spencer
Larry L. Stewart
H. O. Stoutland
Sherwood Waldron, Jr.
William F. Weber
Stewart R. Wright

1963

Miguel R. Alonso
Charles W. Carl, Jr.
John E. Conte, Jr.
David F. Cross
Dudley S. Danoff
Andrew Edin
John P. Eliopoulos
B. A. Flaxman
William T. Friedewald
F. J. Gennari
Vincent F. Geremia, Jr.
Lee D. Goldberg
Peter B. Gregory
George H. Holsten, III
Constantine D. Kyropoulos
William B. Lehmann
Craig H. Llewellyn
Edward G. Lund, Jr.
Sally L. Marchesi
Robert H. Margulis
Herbert Meltzer
Robert E. Mueller
Thomas G. Peters
Jay M. Pomerantz
Joseph B. Stevens
Lee B. Talner
Peter V. Tishler
Helen N. Walsh
Peter G. Weiner
Seth M. Weingarten
Charles S. Wilson
Alfred J. Wise

1964

William A. Alonso
Leland S. Berger
Anthony J. Bravo
Robert M. Briggs
Joseph F. Curi
Mary V. DiGangi
Alfonso Esguerra
Anthony Ferrante
Peter A. Gross
John F. Haney
Gene I. Higashi
Richard Hockman
Lawrence Horwitz
William J. Houghton
Lewis Landsberg
Richard V. Lee
Thomas L. Lentz
James S. Levine
Robert W. Lyons
Andrew E. MacMahon
William F. Matchett
Robert L. Mitchell
Alan H. Morris
James J. Murphy
Donald A. O'Kieffe, Jr.
Howard C. Pomeroy
William B. Pratt

Stanley J. Rosenberg
Richard P. Saik
Robert L. Shelton
Diane K. Shrier
Donald G. Skinner
A. T. Snoke
Richard C. Stillman
Lyll C. Stip, II
Sigrid L. Tishler
Stephen Waltman
Oscar Wand

1965

Susan A. Aoki
Thomas T. Aoki
John H. Austin
Paul Balter
Victor J. Burner
David G. Campbell
Dewey A. Christmas, Jr.
John M. Coyle
Michael J. Cummings
Carl Ellenberger, Jr.
David S. Fedson
Robert I. Finkel
Frank J. Grady
William Grossman
Robert A. Gryboski
Reid R. Heffner, Jr.
David A. Hill
Carl E. Hunt
Mohandas K. Kini
Robert H. Koehl
Richard J. Kozera
David J. Kupfer
Sandra C. Levine
Mark W. Lischner
Philip D. Manfredi
A. L. Ossias
John A. Parrish
Robert L. Pickens
Robert H. Prall
Alan N. Rachleff
William A. Renert
Gene A. Robinson
George B. Rowland
John H. Seashore
Margretta A. Seashore
Charles J. Semonsky
David M. Shames
David P. Simmons
Harlan Spitz
E. J. Stanley
Alan W. Stone
Robert G. Weiner
Bert Y. Wong

1966

Benjamin F. Balme
John D. Baxter
Patricia Bazemore
Robert P. Bazemore
Frank C. Bell
Philip Bernstein
Stanley H. Block
James E. Brown
Eugene P. Cassidy
Donald J. Cohen
Thoburn A. Dadisman, Jr.
Joseph A. Donadio
Robert E. Dragon
Marvin A. Eisengart
Jared M. Emery
Peter M. Fitzer
Robert C. George
Jeffrey B. Gluckman
Stanley J. Greenspan
J. M. Grifiss

Robert A. Gunn
Stuart T. Hauser
Jay G. Hayden
Mary A. Houghton
John B. Howard
Richard J. Howard
Bruce W. Jackson
Gordon R. Kelly
Wilbur L. Kukes
Lynne L. Levitsky
Henry B. Mann
Robert L. McRoberts
John S. Melish
Marian M. Melish
Harold Mellin
William Y. Moores
Eli H. Newberger
Edward J. O'Keefe
Neil J. Peterson
William D. Peterson
Joel Singer
Parker J. Staples
Gary L. Townsend
Lee Van Lenten
Joan T. Wayland
Jon S. Wayland
John W. Wickenden
William B. Yeagley
Arne S. Youngberg

1967

Daniel L. Arons
Daniel J. Booser
Gary C. Burget
Kenneth F. Crumley
Cynthia R. Curry
Marian C. Davidson
Timothy J. Dondero, Jr.
Alexander F. Dora
James M. Dowaliby, II
John A. Drews
Peter R. Egbert
Melvin V. Goldblat
Richard J. Hart
Richard L. Heppner
Peter N. Herbert
George P. Herr
David L. Ingram
Mary Jurbala
Anthony P. Lovell
Stephen W. Miller
William J. Mitchell
Joseph L. Morris
Jennifer R. Niebyl
John Northup, Jr.
Robert H. Noth
John O. Pastore
William E. Perkins
Robert I. Roy
Jonathan L. Savell
Stephen C. Schimpff
Helen L. Smits
Lewis S. Solomon
Robert S. Steinberg
Richard B. Swett
M. D. Tilson, III
Karen H. Tokar
Robert A. Vogel
Robert A. Vollero
Joseph F. Walter
Martin Wand
Peter M. Zeman

1968

Joseph F. Andrews, Jr.
Philip L. Barry
Daniel I. Becker
Grace J. Boxer
Stuart J. Brill
Donald R. Coustan
Barbara M. Egbert
Lamar Ekbladh
Alan G. Finesilver
Richard A. Getnick
Leonard Grauer
Kevin N. Hennessey
John R. Hill, II
Harry S. Holcomb, III
Daniel E. Keim
Jeffrey S. Lee
Marc E. Lippman
Frank E. Lucente
Donald O. Lyman
Rodrigo Martinez
John A. McCutchan
Maria S. McCutchan
Harmon Michelson
David P. Millett
Richard M. Morehead, Jr.
James B. Morris
Peter Nicholas, Jr.
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Have we heard from you recently?

Have you received a special honor or award? Have you been elected to office in a professional society? Have you travelled in a foreign country and/or participated in an international seminar? Are you working in a particularly interesting, unusual area?

If you have news about yourself or about your classmates, please send items to the Editor, *Yale Medicine*, 333 Cedar Street, New Haven, Connecticut 06510. The Alumni News section welcomes news from medical alumni, public health alumni and former house staff.

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Yale Medicine/Alumni Bulletin of the School of Medicine: Winter/Spring 1980; Vol. 15, No. 1

Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor, 333 Cedar Street, New Haven, Connecticut 06510

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Photos: all photos in this issue are by William B. Carter, except that of Dr. Comer (Yale News Bureau) and of Rev. Duncombe (Ann Goodman).

Cover: a portion of a very large board in the Office of Student Affairs which displays which students are doing what clerkship when. see page 14

A long-term approach to treating

ALCOHOLISM

Alcoholism is a serious chronic disease and should be treated accordingly, in the opinion of Dr. James J. Nocks, assistant clinical professor of psychiatry and chief of the Alcoholism Program at the Veterans Administration Medical Center in West Haven. Dr. Nocks admits that not everyone shares his view.

"We have seen a great deal of resistance in the medical profession to acknowledging alcoholism as a chronic disease," he commented. "As professionals, we are taught to be responsible for curing our patients' illnesses. Alcoholism can be extremely frustrating to treat, especially in acute care settings. There are remissions and recurrences of drinking. It seems to be much less discouraging for professionals to treat the symptoms of alcoholism — damage to the liver or pancreas, internal bleeding, psychiatric problems — than to treat the disease itself."

It is equally frustrating for doctors and nurses to treat a patient with a serious medical problem resulting from alcoholism, perhaps to save his life, knowing that once he leaves the hospital, more than likely the patient will return to his self-destructive pattern of living. "If you have experienced too many of these episodes, your attitudes change and you become quite pessimistic about

treating alcoholism." Dr. Nocks said. "It then becomes easy to think of alcoholism as moral weakness or a lack of will power in the most negative sense."

Alcoholism is considered a major mental health problem of this country. Although the stereotype alcoholic is pictured as a down and out denizen of skid row, statistics show the vast majority are educated, employed and have families. Although typically considered to lack motivation and will power, many alcoholics are extremely talented, highly motivated individuals who demonstrate considerable discipline in other facets of their lives.

The Veterans Administration is one of the leading providers of treatment for alcoholics, with 100 programs throughout the United States. The program at the West Haven Center is one of the most unusual.

Since its inception in July 1975, the staff of psychiatrists, psychologists, nurses, social workers, alcoholism counselors, occupational and corrective therapists and physicians assistants have worked together to develop a multi-disciplinary approach to alcoholism treatment. It is a long-term program with an initial 28-day inpatient phase, followed by a year of intensive outpatient therapy and then, monthly "reunion" groups in after care.



The cause for alcoholism is not known, and research scientists at Yale and other medical centers have yet to develop a specific treatment for the illness. "We are convinced that, unlike certain other chronic diseases such as diabetes, no single treatment modality is universally more effective than any other. It is therefore virtually impossible to know ahead of time which kind of therapy will be the most effective for an individual," Dr. Nocks explained. "The best we can do is provide the most sophisticated treatment available with a variety of modalities by a well-trained staff. Then, after close observation over a period of three to four weeks, we can develop the most appropriate long-term treatment plan with that patient."

The First 28 Days

Veterans are admitted to the Alcoholism Program only if they are interested in treatment and in attaining sobriety. They must have a sponsor — a meaningful person in the patient's life such as a family member or a friend — who will participate in the treatment plan.

On admittance, the patient is introduced immediately into the group of twenty or so other alcoholic veterans who have either recently been admitted or have been in the program for up to 28 days. Many of the patients require detoxification, which usually takes about a week and for some, can be a very unpleasant experience.

On the inpatient unit, most of the day and evening is tightly scheduled with from six to eight hours of therapy. A typical day might include a community meeting, individual counseling session, alcohol education class, vocational therapy, and family therapy. Other schedules will include recreational, corrective and occupational therapy, as well as group therapy meetings of patients and staff. Attendance at Alcoholics Anonymous meetings, held weekly on the ward, is required. Trips are planned to museums, galleries, theaters and sports events in the New Haven area.

"We try to enhance the patient's sense of himself, to improve, and in some cases, establish his interpersonal relationships, and to broaden his horizons and interests," Dr. Nocks said.

Although individual counseling is a strong part of the program, small group meetings and group therapy are emphasized. There is a definite sense of community on the ward. If a patient drinks while there, he is automatically discharged, but according to Dr. Nocks, this rarely happens because of the code of ethics established by the patients themselves. Patients become responsible for one another and take part in some of the decision making processes on the ward, such as whether a patient is ready to go to the cafeteria unaccompanied, or is prepared to assume the responsibilities of a weekend pass.

"Working with peers and getting feedback from fellow alcoholics can often be very effective. Patients who have been on the ward for two or three weeks offer a certain role model for new patients," Dr. Nocks explained. "For instance, after they are detoxified, some alcoholics feel quite good, better than they have for years. They can think they are cured — that they don't need further help and can drop out of the program. Patients who have been

here a few weeks longer will tell them, 'Look, I had these same feelings after a few days, but don't kid yourself. You're not cured, you never will be. Stick with the program and learn to deal with the problem.' This kind of advice often makes more of an impression coming from a fellow patient, than it does coming from one of the staff."

Participation of the "family" is an important component of the treatment plan. Since many patients do not have a family, the staff has expanded the meaning of the word to include any non-drinking meaningful relationship the patient may have. Sometimes this means an employer, or a member of the clergy, a girl friend — even the apartment supervisor. They are encouraged to take part in the inpatient, and if appropriate, the outpatient phase of the therapy. The expectation is that they will provide additional support once the patient leaves the protected environment of the ward.

Paul, a 38-year old veteran, completed his 28-day hospitalization early in February. Married for 18 years and the father of three children, he is a college graduate and the owner of two businesses. He has been drinking since he was 13 years old — heavily and with resulting problems for the past eight years. He was arrested in November for driving while intoxicated, and is in deep financial trouble.

Although he denied he was an alcoholic at the time, Paul entered the program for his wife's sake. "She'd had it with me," he admitted.

Asked what he had gained from the 28-day inpatient treatment, he listed the realization of what alcohol was doing to his mind and body as second only to a new awareness of himself as a person. Once he came to grips with the fact that he was indeed an alcoholic, he typically had terrible feelings of guilt. "I never realized what I was doing to my family," he acknowledged. "I was never really mean to them and they never wanted for anything material. I provided a nice house, clothes, plenty of food, even a swimming pool in the back yard," he related. "What they missed, though, was a husband and a father. I was seldom home, and when I was, I couldn't communicate with them because I was either too tired or too drunk."

Before he was admitted to the hospital, Paul had worked 16 to 18 hours a day, seven days a week, keeping up with his two businesses. To ease the pressures of work, he drank steadily, consuming almost two quarts of vodka a day.

"I learned that not only was I an alcoholic, I was also a workaholic," he said with a wry grin. "I didn't know how to relax. I didn't have any hobbies or sports. I didn't know what it was like to play with my kids — I never even went swimming in my pool. For me, fun meant more work — and more booze."

In addition to concentrating on family therapy (his wife was extremely supportive), the staff directed Paul's treatment toward improving his ability to relate to others and to make good use of his leisure time.

"The first time I went home on a weekend pass, my wife and I had a very difficult time. We couldn't talk to each other. I was very tempted to have a drink just to relieve the tension. I came back to the Program very

depressed — feeling that it wasn't worth it," Paul related. "But the next time I went home, it was different. When the atmosphere got tense, I went out to the back yard and cut down an old tree that should have gone years ago. I hadn't done anything like that in years, and it gave me a great sense of accomplishment. I began to do other things around the house — helping my wife and fixing the kids' toys. We began to talk to each other and things have gotten much better."

Now that Paul has completed the first 28 days of treatment, how will he deal with day to day problems — the inevitable tensions and constant temptations to have a drink?

The Year After

"The hall mark of the disease is that it is recurrent," Dr. Jerome Schnitt noted. Dr. Schnitt is medical director of the Alcoholism Ambulatory Service. "Many of our patients slip once or twice during the year after their inpatient treatment. We try to catch them before they go too far."

There is no stigma attached to slipping — no recriminations from the staff. Instead, the patients are made to feel comfortable when they recognize the danger of having a drink or two. Usually they don't require inpatient hospitalization. Ambulatory detoxification is achieved by daily counseling sessions. If medication, such as Valium or Librium, is required for withdrawal symptoms, the pills are given each day to discourage abuse, and to help assure daily attendance at the Outpatient Clinic during the detoxification period. The success rate of this approach has been very encouraging.

The first few weeks of outpatient treatment are critical. When a patient leaves the hospital, he leaves the protected social structure that looks at alcoholism from a specific perspective, but when he returns home he becomes acutely aware that there are problems in returning to society, and that remaining sober can sometimes be difficult.

"To the alcoholic, the realization that he can never have a drink again, means a very fundamental closing off from something that has been of primary importance in his life," Dr. Schnitt explained. "To remain abstinent, especially in our society, is an incredibly difficult undertaking."

The charge of the Outpatient Unit is to help patients deal with daily confrontations and problems without returning to drinking. For awhile, the kinds of changes that take place in a patient's life can be quite reinforcing. They feel physically well, sometimes for the first time in years. They no longer have hanging over their heads constant debts at local bars and package stores. There is no need to think up excuse after excuse for drunken behavior or poor performance on the job.

Day to day problems do arise, though, that had previously called for a stiff drink — trouble on the job; a fight with a spouse; a flat tire. At the same time there is tremendous social pressure.

"Most people don't realize that we live in a very alcohol-oriented society. For instance, according to almost every

commercial for TV sportscasts, to be healthy, attractive and popular is to drink beer," observed one veteran on the Outpatient Unit. "The guys on the work crew always go to the nearby bar for a grinder and a couple of beers at lunchtime. Everyone at a wedding or anniversary party celebrates with lots of champagne or cocktails. You have to keep reminding yourself that you aren't a sissy when you ask for a gingerale or a Coke — you aren't inferior because you can't handle alcohol."

"We try to help them live with this kind of stimulus by learning to recognize the underlying issues, and to share their anxieties and feelings with other alcoholics at the weekly group meetings," Dr. Schnitt said. "Knowing they can survive the stresses and the good times without alcohol is tremendously reinforcing."

There are almost 300 patients in the ambulatory section of the Program. As new patients enter, they join small groups of men, or couples, who have been meeting with a member of the staff for up to a year on a weekly basis. If the need arises, patients are welcome to drop in at the Day Treatment Center between their regular meetings, for conversation and support from other patients and the staff. Individual counseling is available to patients and their families as well.

After a year, they enter aftercare — periodic informal "reunions" which provide ongoing support. They are encouraged to attend meetings of Alcoholics Anonymous as well as other community support groups. This is especially important for alcoholics without families.

For some, remaining sober has meant making significant changes in their lives other than not drinking. Jim, a gentle, healthy-looking veteran in his early forties has given up music — one of the great joys of his life, because for him, music and alcohol just had to go together. "I haven't had a drink and I haven't even listened to music, much less played it, in three years," he said with a touch of sadness.

Jim volunteered for the Alcoholism Program, but he admits he came to it grudgingly. With a long history of repeated hospitalization for serious illnesses directly related to alcoholism, and in spite of repeated warnings from doctors who had treated him, he continued to drink heavily. Finally, he was admitted to the hospital, unconscious, with severe intestinal bleeding. The doctors told him he was dying and it was because of his drinking.

"I was miserable," he said, "not because I was dying, but because my best friend, Old John Barley Corn, had let me down." He entered the Alcoholism Program as soon as he was ready to leave the medical unit.

By his own admission, Jim was not ready to return home after his 28-day inpatient phase. He didn't have a job, and his family situation then was far from stable. The staff placed him in a nearby half-way house for alcoholics for a year. He continued to attend the Alcoholism Program's weekly outpatient meetings.

During vocational therapy sessions in the Program, it became evident that Jim, who is the son of a Fundamental preacher, had a strong affinity for helping others. He received training as a hospital orderly, and is presently employed at the West Haven Veterans Administration

Medical Center, on the same floor where he had had his final run-in with alcohol, three years ago. "There are a lot of the old Jims up there. I preach to them about the Alcoholism Program all the time. Maybe someday I'll make another convert like me," he said with a grin.

Jim is happy in his new vocation and plans to take further training in the field. He is obviously very pleased with himself. Asked if he had ever thought of slipping – taking just one drink, he smiled, "I really love this dude, Jim, now. I'm not going to do anything to hurt him again."

Other Facets of the Program

In addition to the inpatient and outpatient clinical services, the program has active consultation, education and outreach components. The Alcoholism Liaison-Triage Service provides evaluation for about 600 veterans each year, from within and outside the VA Center. As part of this service, alcoholism counselors and nurses provide regular coverage to certain selected medical units in the hospital. Their intention is to identify alcoholism at an early stage, and to educate professional staff who work on these units about alcoholism as a treatable illness. In

addition, a number of the staff are active in education programs of various community groups, and participate in teaching programs at the School of Medicine.

The West Haven Center has been selected as one of the five training sites for a newly established VA Substance Abuse Physician Fellowship Program, which will train physicians over a two-year period to develop expertise in alcoholism and drug abuse. Training will be provided by members of the Alcoholism Program and the Drug Dependence Unit of the Connecticut Mental Health Center. The first Fellow will begin the program this July.

The outreach component of the Alcoholism Program meets with community groups to increase their awareness of the Program's availability to veterans with serious drinking problems. This component has been especially active in relating with industry, which is an important aspect of the vocational rehabilitation part of the Program.

The Alcoholism Program has been involved in a number of research projects, including a two-year followup study which will contribute to the field by evaluating the efficacy of inpatient treatment for alcoholism. The Program is also participating in a ten-medical-center VA Cooperative Study designed to assess the effectiveness of the drug, Antabuse, in the treatment of alcoholism.



When Parents Refuse to Authorize Lifesaving Medical Care

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The question we pose and seek to answer in this book is: "Why and under what circumstances should the state be authorized to invade family privacy and to overcome the presumption of parental autonomy?" But before attempting an answer, we focus first on the meaning and reasons for favoring a policy of minimum state intervention . . .

Two purposes underlie the parents' right to be free of state intrusion. The first is to provide parents with an uninterrupted *opportunity* to meet the developing physical and emotional needs of their child so as to establish the familial bonds critical to every child's healthy growth and development. The second purpose, and the one on which the parental right must ultimately rest, is to safeguard the continuing maintenance of these family ties — of psychological parent-child relationships — once they have been established . . .

Beyond these biological and psychological justifications for protecting parent-child relationships and promoting each child's entitlement to a permanent place in a family of his own, there is a further justification for a policy of minimum state intervention. It is that the law does not have the capacity to supervise the fragile, complex interpersonal bonds between child and parent . . .

A policy of minimum coercive intervention by the state thus accords not only with our firm belief as citizens in individual freedom and human dignity, but also with our professional understanding of the intricate developmental processes of childhood.

To recognize how critical are the developmental stages and how essential are autonomous parents for the protection of their children is also to recognize that parents may fail. Not all parents are able or willing to safeguard their child against the succession of risks which bedevil development from dependent infancy to independent adulthood. They may fail to protect their child from unwarranted risk. Family privacy may become a cover for exploiting the inherent inequality between adult and child. It may prevent detection of the uncontrolled expression on both the unconscious and conscious hatred some parents have for their children. Family privacy ceases to benefit the child and becomes a threat to his well-being, to his safety, and occasionally to his life.

Those dangers justify state intervention.

Yet, to acknowledge that some parents, whether biological, adoptive, or longtime foster, may threaten the well-being of their children is not to suggest that state legislatures, courts, or administrative agencies can always offer such children something better, and compensate them for what they have missed in their own homes. By its intrusion the state may make a bad situation worse; indeed, it may turn a tolerable or even a good situation into a bad one . . .

Identifying children in serious jeopardy requires more than the vague and subjective language of "change of conditions of custody" in divorce statutes and "denial of proper care" in neglect and abuse statutes that give administrative agencies and courts unguided discretion to supervise and even terminate parent-child relationships. Such statutes must be revised to protect all families — poor and well-to-do, minority and majority, biological, adoptive, and longtime foster. They must provide these ongoing relationships with safeguards from unwarranted state-sponsored interruptions. They must prevent judges, lawyers, social workers, and others from imposing their personal, even if professional, preferences upon unwilling parents. To that end we ask and seek the answer:

What ought to be established and by what procedure *before* the "best interests of the child" can be invoked over the rights of parents to autonomy, the rights of children to autonomous parents, and the rights of both parents and children to family privacy?

. . . The law has given two distinct responses to the question, "what should justify substituting the state's judgment for that of parents with regard to the care of a particular child?" The first has been to set relatively precise limits on parental judgment concerning matters about which there is a clear societal consensus. For example, parents are not free to send their children into the labor market or to refuse to let them attend school or be immunized against certain contagious diseases. Legislative enactments like those concerned with child labor, compulsory education, and immunization are infringements upon parental autonomy which give parents fair warning of what constitutes a breach of their child care responsibilities and provide advance notice of the extent of the state's power to intervene . . .

The second form which legislative responses take, and the one on which we focus in this book, sets relatively vague and imprecise limits upon authority to intrude and thus fails to provide fair warning. Those statutes concern child care matters about which there is no clear societal consensus. They delegate to administrators, prosecutors,

Joseph Goldstein is Sterling Professor of Law, Yale Law School and Child Study Center.

Anna Freud, who is director of the Hampstead Child-Therapy Clinic, London, has frequently been a visiting lecturer at the Yale Law School and the Child Study Center.

Albert J. Solnit is Sterling Professor of Pediatrics and Psychiatry, and director of the Child Study Center.

and judges the power to invade privacy almost at will — “the authority of *ad hoc* decision,” which is in its nature difficult if not impossible to hold account . . .

Guided by the doctrine of minimum state intervention and the requirements of fair warning and power restriction, we can identify and clarify the critical decisions in a child placement process by focusing on three questions:

1. What should constitute *probable cause* for inquiry by agents of the state into individual parent-child relationships and what should they be required to *find* before being authorized to seek modification or termination of a specific parent-child relationship?
2. What should constitute *sufficient cause* for the state to modify or terminate a parent-child relationship?
3. If there is sufficient cause for modification or termination, which of the available alternative placements is the least detrimental?

Chapter 6

Refusal by Parents to Authorize Lifesaving Medical Care

Refusal by parents to authorize medical care when (1) medical experts agree that treatment is nonexperimental and appropriate for the child, and (2) denial of that treatment would result in death, and (3) the anticipated result of treatment is what society would want for every child — a chance for normal healthy growth or a life worth living — should be a ground for intervention.

Under this ground, state supervision of parental judgment would be justified to provide any proven, non-experimental medical procedure when its denial would mean death for a child who would otherwise have an opportunity for either a life worth living or a life of relatively normal healthy growth. While a life of relatively normal healthy growth is assumed to be a life worth living, it is not assumed that all lives worth living from a societal-consensus point of view could be characterized as relatively normal or healthy. For example, society might view the life of a quadriplegic child, in need of a blood transfusion for reasons unrelated to that condition, as a “life worth living,” though not one of normal healthy growth. Thus the state would overcome the presumption of parental autonomy if it could establish: (a) that the medical profession is in agreement about what nonexperimental medical treatment is appropriate for the child; (b) that the denial of the treatment would mean death for the child; and (c) that the expected outcome of that treatment is what society agrees to be right for any child — a chance for normal healthy growth or a life worth living.*

Under this ground, when death is not a likely conse-

quence of exercising a medical choice, there would be no justification for governmental intrusion. When the question involves not a life-or-death choice but a preference for one style of life over another, the law must restrain courts and doctors from coercively imposing their personal preferences in the form of medical care upon non-consenting parents and their children.

This ground acknowledges that parents normally protect their child’s body as if it were their own and that parents generally have the capacity to make health care choices for their children. Further, it recognizes that the law cannot find in medicine (or, for that matter, in any science) the ethical, political, or social values for evaluating health care choices.*

In its commitment to family integrity this ground does not take a simplistic view of parents, of the parent-child relationship, or of the family. Rather, it acknowledges not only man’s complexity, but also the law’s limited capacity for making more than gross distinctions about human needs, natures, and patterns of development. This ground recognizes and respects the diverse range of man’s religious, cultural, scientific, and ethical beliefs and the overlapping and everchanging modes of their expression within and between generations at all stages of the life cycle. Thus, a prime function of law is to prevent one person’s truth (here about health and the good life) from becoming another person’s tyranny.

This ground does not justify coercive intrusion by the state in those life-or-death situations in which (a) there is no proven medical procedure; or (b) there is conflicting medical advice about which, if any, treatment procedure to follow; † or (c) there is less than a high probability that the nonexperimental treatment will enable the child to have either a life worth living or a life of relatively normal healthy growth, even if the medical experts agree about treatment.

The requisite elements of this ground are intended to place strict limits upon the authority of the state to intervene. In their evidentiary demands and limited scope these elements saddle the state with the burden of overcoming the presumption of parental autonomy. Parents remain free to provide medical treatment which the state could not impose.

Outside a narrow central core of agreement, “a life worth living” and “a relatively normal healthy growth” are highly personal terms about which there is no societal consensus. There can thus be no societal consensus about the “rightness” of always deciding for “life,” or always preferring the predicted result of the recommended treatment over the predicted result of refusing such treatment. Those cases in which reasonable and responsible persons can and do disagree about whether the “life” after treatment will be “worth living” or “normal,”

*Courts must avoid confusing a doctor’s personal preference with the scientific bases upon which the recommendation rests.

†If there is a conflict about which proven treatment to follow, but failure to consent to one of the proven treatments would result in the child’s death and denial of a life worth living or relatively normal healthy growth (see c), the state would be authorized to order that one of the proven treatments be undertaken.

*Nothing in this ground would preclude parents from seeking or consenting to treatment on behalf of a child who society does not think could ever have a life worth living.

and thus about what is “right,” are precisely those in which parents must remain free of coercive state intervention in deciding whether to reject or consent to the medical program offered to their child.

No one has a greater right or responsibility, nor can anyone be presumed to be in a better position, than a child’s parents to decide what course to pursue if the medical experts disagree about treatment. The same is true if there is no general agreement in society that the outcome of a proven treatment is clearly preferable to the outcome of no treatment. Put somewhat more starkly, how can parents in such situations be judged to give the wrong answer when there is no way of knowing the right answer? In these circumstances, if the law’s guarantee of freedom of belief is to be meaningful, parents must have the right to act on their belief within the privacy of their family. The burden must always be on the state to establish what is wrong and not on parents to establish that what may be right for them is necessarily right for others.

Unlike the ground of repeated failure to prevent serious bodily injury, this ground is concerned with unacceptable parental judgments about specific medical interventions. While serious bodily injury justifies changes in custody, this ground authorizes only a disposition limited to the medical intervention that is ordered. It otherwise leaves the child in the general overall care and custody of his parents and restores him to it as quickly as possible.

Implications

When death is an issue

The criteria for intervention under this ground were met for Judge Murphy of the Superior Court of the District of Columbia in *In re Pogue*. He authorized blood transfusions for an otherwise healthy newborn infant who would have died had his parents’ decision to reject the treatment been honored. At the same time, recognizing the distinction between an adult and a child with regard to medical care choices, Judge Murphy declined to order blood transfusions for the infant’s mother, who in the face of death refused to consent to such intervention. Over the objection of the “adult” parents’ wishes and of course without regard to the infant’s “wishes,” Judge Murphy decided as a substitute parent to protect the child’s right to reach the age of maturity — when he will become entitled to make such life-or-death decisions for himself. The judge implicitly found the infant’s parents temporarily incompetent to care for the child. Simultaneously, he acknowledged that the mother’s adult status entitled her to decide to refuse blood for herself.

The scientific “fact” that the death of both was inevitable without transfusion — the nonexperimental medical procedure — was not in dispute. Nor was there any societal doubt about the desirability, the “rightness” of the predicted outcome of the transfusion: an opportunity for normal, healthy growth, a life worth living. The issue was whether the judge and doctors who shared an unqualified value preference for life could use the power of the state to impose their “adult” judgment on others whose “adult” judgment gave greater weight to another preference. On behalf of the adult the answer was “No”;

on behalf of the child the answer was “Yes.” Thus, coercive intervention by the state was justified. Otherwise the parents’ decision would have deprived a child of proven medical treatment and consequently of an opportunity to reach adulthood when a person is free of parental control and presumed competent to decide for himself.

But this ground would let parents decide, for another example, whether their congenitally malformed newborn with an ascertainable neurological deficiency and highly predictable mental retardation should be provided with treatment which might avoid death, yet which offered no chance of cure. Dr. Raymond Duff has argued persuasively:

Families know their values, priorities and resources better than anyone else. Presumably they, with the doctor, can make the better choices as a private affair. Certainly, they, more than anyone else, must live with the consequences . . . If they cannot cope adequately with the child and their other responsibilities and survive as a family, they may feel that the death option is a forced choice . . . But that is not necessarily bad, and who knows of a better way?

If parental autonomy is not accorded recognition and if society insists through law that such children, indeed any children, receive medical treatment rejected by their parents, the state must take upon itself the burden of providing the special financial, physical, and psychological resources essential to making real the value it prefers for the child it “saves.” The state would have to demonstrate its capacity for making such “unwanted” children “wanted” ones. Minimally, it should fully finance their special-care requirements. In the event parents do not wish to remain responsible for their child, the state would have to find — what is rarely available — adopting parents or other caretakers who can meet not only the child’s physical needs but also his psychological requirements for affectionate relationships and emotional and intellectual stimulation.*

No matter how limited their potential for healthy growth and development, such children demand and deserve affection and the opportunity to develop psychological ties that institutional arrangements do not provide. As long as the state offers institutions that provide little more than storage space and “hay, oats, and water” for these children, the law must err on the side of the strong presumption in favor of parental autonomy. The state must therefore *either assume* full responsibility for the treatment, care, and nurture of such children, *or honor* the parents’ decision to consent to or refuse treatment.

The case of Karen, a teen-ager suffering from irreversible kidney malfunction, provides another life-or-death example in which the standard of an opportunity for a life worth living or a life of relatively normal healthy growth toward adulthood would preclude state superintention of parental judgments. Karen’s case poses the

*Except for meeting the child’s physical needs, however, the task is beyond the limits of law, no matter how large the allocation of financial resources. The law is too crude an instrument to nurture, as only parents can, the delicate physical, psychological, and social tissues of a child’s life.

question of whether state intervention should be authorized to review the choice of an adolescent who, with her parent's permission and concurrence, decides to choose death over "life." Following an unsuccessful kidney transplant, Karen and her parents refused to consent to the continuation of "intolerable" life-support devices. The decision to proceed as if family privacy and parental autonomy were protected was described in an article by her doctors:

Following the transplant's failure, thrice-weekly hemodialysis was performed. Karen tolerated dialysis poorly, routinely having chills, nausea, vomiting, severe headaches, and weakness . . .

(A)fter it was clear that the kidney would never function, Karen and her parents expressed the wish to stop medical treatment and let "nature take its course." . . . (S)taff members conveyed to the family that such wishes were unheard of and unacceptable, and that a decision to stop treatment could never be an alternative. The family did decide to continue dialysis, medication, and diet therapy. Karen's renal incapacity returned to pretransplant levels and she returned to her socially isolated life, diet restriction, chronic discomfort, and fatigue.

On May 10, Karen was hospitalized following ten days of high fever. Three days later the transplant was removed. Its pathology resembled that of the original kidneys, and the possibility of a similar reaction forming in subsequent transplants was established.

On May 21, the arteriovenous shunt placed in Karen's arm for hemodialysis was found to be infected, and part of the vein wall was excised and the shunt revised. During this portion of the hospitalization, Karen and the parents grudgingly went along with the medical recommendations, but they continued to ponder the possibility of stopping treatment . . . On May 24, the shunt clotted closed. Karen, with her parents' agreement, refused shunt revision and any further dialysis . . .

Karen died on June 2, with both parents at her bedside. . .

For Karen and her parents, no medical treatment offered the possibility for her to resume a life worth living. The insistence of the nursing and medical staff to continue the life-support system was not a scientific, but a value choice. The rightness of forcing the consequences of their choice upon Karen rather than honoring her and her parents' decision could not be established. There was therefore no basis for exercising the power of the state to supervene the judgment of Karen's parents. Had Karen been an adult on the law's chronological scale, there is no question, or there ought not to be, that out of respect for her dignity as a human being the doctors would have had to abide by her request to end treatment.

Had the situation been different, had Karen's parents insisted, over her objection, on continuing the life-support system, would the state have been justified in supervening their judgment? The answer is "No." Had Karen insisted over her parent's objection on continuing the life-support system, would the state have been justified in supervening their judgment? The answer is "Yes"

—if the state provides, as it must, whatever resources are required to assure full care for the child.* But if the state will not provide such support, the answer is an uneasy "No." It is, after all, the function and responsibility of parents to evaluate and make judgments about the wishes and requests of their children. The meaning of parental autonomy is that parents make such decisions. Further, neither court nor agency is likely to be as competent as were Karen's parents to determine her capacity for choice and whether to abide by it. The law should avoid giving the discretion for such subjective judgments to its agents.

When Death Is Not An Issue

Where death is not in issue, this ground is intended to preclude a decision such as that in *In re Sampson*. That case illustrates how vague neglect statutes may be invoked in the name of health care to violate a family's privacy, to undermine parental autonomy, and to foster a community's or judge's prejudice against the physically deformed. Under the Family Court Act of New York, Judge Elwyn declared 15-year-old Kevin Sampson "a neglected child." He made this finding in order to establish his authority to veto a decision by Kevin's mother not to force her son to undergo a series of operations which had been recommended by the Commissioner of Health and by duly qualified surgeons to correct a facial condition called neurofibromatosis. Judge Elwyn observed that Kevin had "a massive deformity of the right side of his face and neck. The outward manifestation of the disease is a large fold or flap of an overgrowth of facial tissue which causes the whole cheek, the corner of his mouth and right ear to drop down giving him an appearance which can only be described as grotesque and repulsive." Judge Elwyn went on to psychologize and predict:

The massive deformity of the entire right side of his face and neck is patently so gross and so disfiguring that it must inevitably exert a most negative effect upon his personality development, his opportunity for education and later employment and upon every phase of his relationship with his peers and others.

Judge Elwyn made his assertion even though he acknowledged that "the staff psychiatrist of the County Mental Health Center reported that 'there is no evidence of any thinking disorder' and that 'in spite of marked facial disfigurement he failed to show any outstanding personality aberration.'" "Nevertheless," the judge added, "this finding hardly justifies a conclusion that he has been or will continue to be wholly unaffected by his

*Because a few parents might not follow a child's express wish to undergo treatment which might seem intolerable to them, though not to their child, the law might reinforce society's general commitment to life by recognizing in life-death situations any child's express wish for treatment against the parents' wishes. Alternatively, legislatures might develop a formula for emancipation which defines the circumstances and sets an age below majority when children may become their own risk-takers for all or some specific health care decisions. Without a statutory formula, the ultimate responsibility must remain with parents who may or may not decide to support their child's choice.

misfortune." He also noted that Kevin had been exempted from school not because he was intellectually incapable, but, it may be assumed, because he appeared to his classmates and teachers, as he did to Judge Elwyn himself, "grotesque and repulsive." But the judge's speculations on behalf of the state as *parens patriae* did not lead him to consider that under the protective cloak of family privacy, a loving, accepting, autonomous parent had been able to nurture in Kevin a "healthy personality." Kevin, after all, had so developed in spite of state-reinforced prejudice and discrimination in school, health agency, and court against the cosmetically different.

The testimony of the doctors who recommended surgery justified not an adjudication of neglect but rather a reaffirmation of parental autonomy. The doctors admitted that "the disease poses no immediate threat to (Kevin's) life nor has it yet seriously affected his general health" and that surgery was very risky and offered no cure. Further, the doctors found in the central nervous system no brain or spinal cord involvement and concluded that delay until his majority would decrease, not increase, the risk. Yet the court replied:

To postpone the surgery merely to allow the boy to become of age so that he may make the decision himself as suggested by the surgeon and urged by both counsel for the mother and the Law Guardian . . . totally ignores the developmental and psychological factors stemming from his deformity which the Court deems to be of the utmost importance in any consideration of the boy's future welfare and begs the whole question.

Without regard to the relationship of Kevin's well-being to the integrity of the family, the court added: "'Neither by statute nor decision is the child's consent necessary or material, and we should not permit his refusal to agree, his failure to co-operate, to ruin his life and any chance for a normal, happy existence.'"

Judge Elwyn, in the role of prophet, psychological expert, risk-taker, and all-knowing parent, described but ignored a powerful reason for concluding the state authority should not supervene parental judgments about the rightness for their child of a recommended medical treatment when death is not an issue. He wrote:

It is conceded that 'there are important considerations both ways' and that the views expressed by the dissenting Judges in *Seiferth* have not been universally accepted. Moreover, it must also be humbly acknowledged that under the circumstances of this case 'one cannot be certain of being right' . . . Nevertheless, a decision must be made, and so, after much deliberation, I am persuaded that if this court is to meet its responsibilities to this boy it can neither shift the responsibility for the ultimate decision onto his shoulders nor can it permit his mother . . . to stand in the way of attaining through corrective surgery whatever chance he may have for a normal, happy existence, which . . . is difficult of attainment under the most propitious circumstances, but will unquestionably be impossible if the disfigurement is not corrected.

Genuine humility would not have allowed a judge to believe that he, rather than Kevin's mother, was best qualified to determine the meaning of "a normal and happy existence" for her son. In Kevin's eyes, either might be proven "wrong" retrospectively. But nothing can qualify a judge to make that prediction with equal or greater accuracy than a parent. Nor is any judge prepared or obligated, as are parents, to assume day-to-day responsibility for giving their Kevins the personal care they may require. Judges cannot be substitute parents and courts cannot be substitute families.

In another case, a New York court refused to find 14-year-old Martin Seiferth a neglected child, even though his father would not compel him to undergo the surgery recommended for repair of a cleft palate and harelip. Martin's father would have consented to surgery despite his belief that it was undesirable — had Martin been willing. Despite medical evidence far less equivocal than that in Kevin's case, the court refused to be trapped by the rescue fantasies of health department doctors or by strong societal prejudices which it was being asked to reinforce in an effort to "save" the child from himself and his parents. The court refused to order surgery, not because it thought it lacked authority, but because it thought Martin's reluctance to have the surgery foretold an unwillingness to participate in the therapy following the operations. Thus it was unwilling, unlike Judge Elwyn, to substitute its or a state agency's value preferences for those of the responsible parents.

If Martin Seiferth had later chosen to undergo the recommended surgery as an adult, his decision would have no bearing on the argument. The court should not have had discretion to do other than what it did at the time — protect him and his parents from state intrusion. In fact, even as an adult Martin chose not to have the surgery. "After attending one of the vocational high schools in the city, where he learned the trade of upholsterer and was elected president of the Student Council, he set up in business on his own and is, despite his disfigurement, active and successful." Nevertheless, the county health department that originated the case reacted a decade later as if experience offered no lessons about the need to respect family integrity.

He had graduated from . . . High School . . . at the head of the graduating class. It was his intention then to become an interior decorator. I have no *personal* comments to make except that . . . the operation should have been performed in order to give this young man a fuller opportunity for the development of his talents.

When Death Is An Issue Unless A Healthy Sibling Provides A Transplant

The application of this ground for intervention is further clarified by considering what authority, if any, the state would have to investigate and review the deliberations of parents who must decide whether to let one of their children die or whether to attempt to supply a lifesaving organ for transplant by consenting to “unnecessary” surgery on one of their healthy children. Under this ground the state would not be empowered to intrude.

In *Hart v. Brown*, however, though the court eventually upheld the choice of the parents, it asserted the state’s authority to review and supervene their judgment. The doctors had advised Mr. and Mrs. Hart that the only real prospect for saving their 8-year-old daughter Katheleen’s life from a deadly kidney malfunction was to transplant a kidney from Margaret, her healthy twin sister. The doctors recommended and the Hart parents consented to the “unnecessary” surgery on Margaret to provide Katheleen with an opportunity to pursue a relatively normal life. But the hospital administration and the doctors refused to accept parental consent without a court review. They acted out of a concern for their livelihood, not for the lives or well-being of Margaret or of Katheleen. Understandably, they feared becoming liable for money damages because the law might not accept the parents’ consent as a defense to possible assault or malpractice suits.

The Harts were thus forced to turn to the state to establish either their authority to decide or the rightness of their decision. They initiated proceedings before Judge Testo which intruded massively on the privacy of the family and set a dangerous precedent for state interference with parental autonomy. There was no *probable cause* to suspect that the parents might be exploiting either of their children. The court upheld the parental choice, though not their autonomy to decide.

Although Judge Testo’s decision avoided tragic consequences for the Harts, he did set a precedent for unwarranted and undesirable intervention by the state. He held:

To prohibit the natural parents and the guardians ad litem of the minor children the right to give their consent under these circumstances, *where there is supervision by this court and other persons in examining their judgment*, would be most unjust, inequitable and injudicious. Therefore, natural parents of a minor should have the right to give their consent to an isograft kidney transplantation procedure *when their motivation and reasoning are favorably reviewed by a community representation which includes a court of equity*.

Had the Hart parents refused to consent to Margaret’s surgery and the transplant of her kidney to Katheleen, equally unwarranted proceedings might have been brought to establish their neglect in order to obtain court authority to impose the doctors’ recommendation. Because of their special training, doctors can make diagnoses and prognoses; doctors can also indicate the probable consequences for a Margaret or a Katheleen of

pursuing one course or another. But in the absence of a societal consensus, nothing in their training, or for that matter in the training of judges, qualifies them to impose upon others their preferred value choices about which is good or right for such children or their families. The critical fallacy is to assume, as Judge Testo did in his declaratory judgment — as the legislature does in its laws of neglect and abuse — that the training and offices of doctors, legislators, and judges endow them not just with the authority but also with the capacity to determine what risks to take for someone else’s child, in circumstances where no answer is right or wrong.

We recognize that some will object to and be uneasy about the substantial limits this ground would place upon the power of the state to supervene parental decisions about health care for their children. But the absence of a substantial societal consensus about the legitimacy of state intrusion concerning these matters is the best evidence for holding in check the use of state power to impose highly personal values on those who do not share them. Further, the parameters set by the criteria of normal healthy growth toward adulthood or a life worth living, of the life-or-death choice, and of proven medical procedures have a built-in flexibility which can respond both to new findings in medicine and to a new and changing consensus in society. Finally, this ground’s limits must be considered in the context of the scope of the ground, discussed in Chapter 5, which concerns serious bodily injury as well as the repeated failure of parents to prevent their child from suffering such harm.

Student Affairs Registrar



*"Office of Student Affairs, may I help you?"
Grace Williams answers the hundreds of
calls to the office.*

Life as a Yale medical student begins in the Office of Student Affairs. There, a staff of about a dozen men and women ease the way from anxiety-ridden days of the admissions process, through four years of the ups and downs of medical education, to the proud day of graduation, and on to the first-year postgraduate appointment. If the office had a motto, it might be "*in hoc loco sumus vos succurre.*"

Registrar's Office

Lillian Dalton is the Registrar. She and her well-coordinated staff process over 3,000 admissions applications to the School each year. The task of recording each application received is merely the tip of the iceberg for these busy women.

Each year, the Registrar's Office receives requests for, and mails out over 70,000 application forms; about 3,000 are completed and returned. When a completed form is received, a file and a folder are started for the applicant; the prospective student is notified that the application, with fee, has been received; and the weeks of processing the application begin. Probably the most time consuming aspect is the gathering of material necessary for the candidate's review by the Committee on Admissions – transcripts, letters of recommendation, academic records, MCAT scores, records of achievements, biographical essays, and an evaluation from a pre-medical committee.

As material for each of the 3,000-plus applications is received, letters of recommendation are acknowledged, candidates are advised weekly on the status of their applications, and folders and files are kept up to date. When they are complete, the folders are turned over to the Committee on Admissions for ratings, and then returned to the Registrar's Office to be ranked with the other applications. The 600 to 700 students who qualify for further consideration are notified, and the Office arranges interviews with members of the Committee. Those whose applications do not meet the high standards of admission are so notified.

"On the average, each application requires from 10 to 15 transactions. Multiply that times 3,000 and you get some idea of the magnitude of the work volume in this office," one of the staff remarked.

But that isn't all. In spite of weekly reminders to prospective students about the current status of their application, the Registrar's Office receives literally dozens of calls from anxious candidates. "We try to be as cooperative as possible," Ms. Dalton said. "The students are under terrific pressure."

Throughout the height of the admissions furor, Ms. Dalton remains a steadying influence. She has a reputation for being unflappable under pressure. This poise is reflected in the courteous attitude of her staff, who work surrounded by mountains of folders and application forms, knowing that as soon as this round of admissions is over the next year's will begin.

Committee on Admissions

Considering the responsibility and monstrous workload involved, it is surprising that anyone would agree to serve on the Committee on Admissions. Yet, eighteen faculty members, all with busy full-time professional commitments, serve on this Committee for three year terms. Chosen from a slate prepared by the Medical School Council Steering Committee, they represent a cross section of the faculty, including clinicians, basic scientists and community physicians.

Dr. Thomas Lentz, associate professor of cytology and assistant dean for admissions, is chairman of the Committee on Admissions, which screens each of the applications, interviews from 600 to 700 of the most promising candidates, and makes recommendations for their acceptance or rejection. In addition, Dr. Lentz frequently acts as spokesman for the admissions policies of the school.

Every application folder, complete with MCAT scores, transcripts, recommendations and biographical essay, is independently reviewed by two members of the Committee, who then assign their rating to the applicant. Dr. Lentz provides a third review of all of the applications.

The screening process requires considerable time, but the real crunch comes with student interviews. Personal interviews with two Committee members are scheduled for the highest ranking candidates – the top twenty percent, or from 600 to 700 students. To accommodate students from the west coast and the mid-west, several Committee members hold interviews on campuses in California and Chicago, as well as on the Yale campus. The entire Committee meets weekly to compare notes and discuss recent interviews.

How important is the personal interview to the evaluation of a prospective student? “The interview is fairly important,” Dr. Lentz replied. “In quite a few instances, it has been one of the deciding factors in ultimate decisions about accepting a candidate.”

Interviewers are instructed that in rating the individuals decisions should not be based on whether they liked or disliked the candidate, but rather whether they felt he or she demonstrates the qualities necessary in a successful physician or scientist.

Do these requisites preclude that the candidates must have a strong science background? Not necessarily, according to Dr. Lentz. “Our students are chosen from varied backgrounds. Some of our most promising candidates have been film majors or humanities majors in college.”

Clearly the selection of 102 from 3,000 of the most eligible medical school applicants in the country is a formidable task. The results of the long hours and persistent dedication of Dr. Lentz and the Committee on Admissions is reflected in the high caliber of students graduating each year from the School of Medicine.

For Dr. Lentz, one of the rewards for working on admissions comes with the teaching of members of the first year class. *Cell Biology and Histology*, a course he shares with Dr. Marilyn Farquhar, is considered by students to be the “best organized and taught course of the first year”. “I enjoy teaching that class very much,” Dr. Lentz admitted. “It is a good opportunity to know those students whose folders I read and reviewed the year before.”

The Assistant Dean for Student Affairs

Within days after the first semester begins, freshman medical students begin dropping into Betsy Winters' office for advice, directions to lecture rooms, or friendly conversation. They are welcome; the door is always open.

Betsy Winters is assistant dean for student affairs, and in her own words, her office is there to help with all of the students' needs. “They come here to ask about *everything!* There is always someone to answer questions or help with a problem. If I can't do it myself, I know where I can send them,” she said. “After all, I've worked here for absolutely eons, so that I know who are the best people on the faculty to sit down with a student and help work out a problem.”

Included in her office's assignments are scheduling student curriculum and clerkship assignments, helping them select and schedule electives for the fourth year, preparing them for graduation – “making sure they hand their thesis in on time, and that they have met all of the necessary requirements”, and in general, interpreting the policy of the school.

She may see many students quite frequently, and others hardly at all during the four years they are attending medical school, but Ms. Winters is well acquainted with the academic performance of every student. She screens academic evaluations for all students from first year through graduation. If there is indication that an individual's performance is not up to expectation, she calls it to the attention of Dr. Howard Levitin, associate dean for student affairs, or to the Progress Committee, a faculty group which keeps track of the students' academic progress throughout the four years.

Although she does not get involved directly with decision making about a student's academic performance, she is concerned with contributing factors. “I have read so many evaluations over the years, that even when it is expressed in a very subtle way, I am able to figure out either that a student is not getting along with his classmates or his patients, or that he or she is really doing poorly academically. And then, in some cases, evaluations will reflect the existence of a personal problem, such as a critically ill parent or a marital difficulty, which is interfering with the student's academic capabilities,” she explained.

A great deal of Ms. Winters' work is routine. This is more than compensated for by interaction with students, which she acknowledges, is the most interesting and important part of the job. She has become known to many as a champion of student rights. “I feel very strongly about student rights in terms of curriculum and policy changes,” she stated firmly, “and I make these feelings known.”

Ms. Winters' interest and concern for students were recognized several years ago when the Medical Student Council voted to establish in her honor the Betsy Winters Award. It is presented each year to the member of the Yale-New Haven house staff who has made the most significant contribution toward the education of medical students.

In hoc loco sumus vos succurre . . .

Lillian Dalton, right, and Maureen Dodge, a member of her staff

Joanne Wilson, left, Ceciele Fargeorge, and Sally Wilson, right, check admissions statistics.



Nneka Lawoyin has the herculean task of arranging interviews for prospective students with members of the Admissions Committee. This student is checking in with her before having lunch with members of an informal admissions committee of students. Each day, two or three medical students invite to lunch applicants who have come to the School for interviews. Their purpose is to give prospective students a chance to ask questions and gain an impression of the School in an atmosphere more relaxed than that of the interview session.



Dr. Lentz

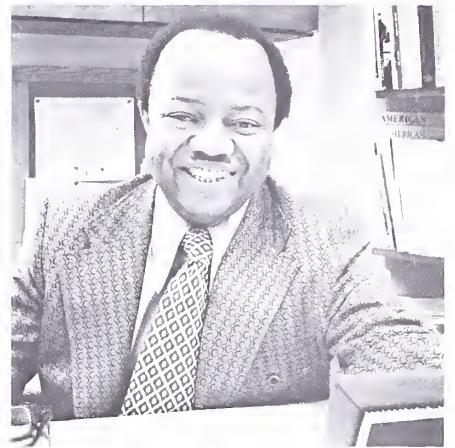
Betsy Winters, right



Rev. Duncombe



Dr. Levitt



Dr. Comer

The Chaplain's Office

On the fourth floor of the Sterling Hall of Medicine, cluttered with easy chairs, piles of popular magazines, and a seemingly bottomless coffee pot (over 15,000 cups are served a year), the Chaplain's Office is a sharp contrast to classrooms and laboratories. The atmosphere here is casual. Students are welcome to come anytime to read, chat or just relax.

Most often they come to talk with Reverend David Duncombe, Chaplain to the School of Medicine. According to students, Reverend Duncombe, best known as Dave, is a good person to know, especially in times of stress. He is, they reported in the Class of 1983 *Survival Kit*, "One of the kindest human beings you'll ever meet, and he is always very willing to talk."

"I listen," Reverend Duncombe states simply. Very often students, particularly first year students, come to the Chaplain's office because they are depressed, homesick, lonely, confused, so much so that they talk about dropping out of the School. The symptoms, especially prevalent in mid-winter, are referred to in the Chaplain's office as "February syndrome."

Other students come for advice on career choices; some have questions about ethical issues that come up as a result of their medical studies, particularly from their first clinical experiences; and others need occasional psychological support or religious counseling. The Chaplain helps organize and often leads support groups of students, as well as discussion meetings about ethical issues of current concern.

Reverend Duncombe describes his role in the Office of Student Affairs as one of giving students a perspective on where they are in life, and of providing a way to help them through stressful situations in their medical education. "They have to trust someone – to have someone to whom they can freely express their problems. They come to talk, to cry, to express anger or apprehension. I am a safe harbor," he explained. "I listen to them very carefully. Although many students experience February syndrome and other low points during medical school, the causes are unique for each individual. I understand that, and they must recognize that I understand that before any dialogue can take place."

"I am not the only one students come to," he added. "Howard Levitin and Betsy Winters are very sympathetic and skilled listeners. Some students feel more comfortable talking things over with one of them, others come up here. We work as a team in the area of student emotions and values – things that involve them as persons and don't necessarily reflect on their understanding of the academic subject matter."

Dr. Comer, Associate Dean for Student Affairs

Dr. James Comer, Maurice Falk Professor of Psychiatry (Child Study Center), is associate dean for student affairs. As such he is chairman of the Progress Committees and the Thesis and Awards Committee. He is the referral person for students with motivational problems, and although not designated as such, he is in his own words, "the minority student person".

A Progress Committee of five faculty members is appointed for each class entering the School; they meet twice a year to review the students' evaluations from the freshman through the senior years of that class. Special meetings are held to assess students with less than satisfactory records.

Through Progress Committee meetings, Dr. Comer is continually aware of students who are having academic difficulties. "Because of the high academic caliber of our students, in most cases difficulties in the classroom can be traced to a social or psychological problem, or a specific traumatic event," Dr. Comer explained. If the problem is motivational, students are referred to Dr. Comer; others may be referred to Dr. Levitin or to the University Health Service.

Other students come to Dr. Comer's office because word has gotten around that he is a good person to talk with. This is especially true of students, both black and white, with low-income backgrounds. "They experience similar culture shock when they first come," he noted. "We talk about what it means to be a student at Yale, and how their own backgrounds are as respectable, and decent and worthy, but different, from the backgrounds of the typical Ivy League students. Most of them learn to handle it."

Dr. Comer is particularly interested in the concerns of minority students enrolled in the School. "I try to respond to them on the basis of my own experience and interest about the special problems of minority students." Dr. Comer is the author of *Beyond Black and White* and co-author with Dr. Alvin Poussaint of *Black Child Care*, books concerning black child psychiatry.

Combined with his professional commitments and his responsibilities as a member of the faculty of the Child Study Center, Dr. Comer's assignments in the Office of Student Affairs take almost all of his time. "Sometimes I feel as though I am pulled in many directions," he said, "but I like to spend as much time as possible with students who come for advice."

Dr. Levitin, Associate Dean for Student Affairs

"I am in charge of the Office of Student Affairs," declared Dr. Howard Levitin, professor of medicine and associate dean for student affairs, "and thanks to a very efficient staff of very nice people who perform the day to day operations of this Office, the major contribution I make is talking with students." As his colleagues know well, this modest statement is not altogether true.

Dr. Levitin does spend a great deal of time talking with students; not only students with academic difficulties or personal problems, but also fourth year students preparing internship applications. Every fall, he spends about an hour with each fourth year student, reviewing the academic evaluations, discussing advantages and disadvantages of various career options and considering them in relation to the hospitals to which they have applied for internship. "Finally, I give them a very candid assessment of their chances of being accepted to the hospital of their choice. This doesn't mean that I know, but based on the records of 1200 or so graduates from the School, there is a reasonable stability in the system that says this student will or will not be accepted to hospital A or B. Most modify their lists according to our advice." The accuracy of their decisions is made known on Match Day. (see story next page)

During the spring term, he teaches in the physical diagnosis and clinical correlation courses for freshman and sophomore students, and is an attending physician. "I like to teach. In the teaching setting you are closer to students and you can learn more about what is going on in the School, what the problems are, than you can in the administrative setting." Dr. Levitin explained.

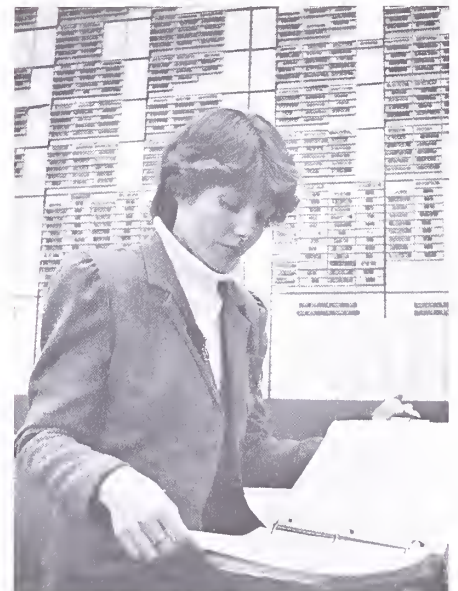
He also admits that he spends a great amount of time doing what he calls "ad hoc public relations". He responds to dozens of surveys on topics such as admissions policies and the impact of current federal health legislation on the School; he is involved with fund raising for student financial aid; and is frequently a spontaneous host to visiting deans from foreign countries as well as other parts of the U.S. "They come to see me about how this school runs. The most common query is about the Yale System, and the lack of examinations, which they perceive of as something new. They are always surprised to learn that the System was established about 50 years ago.

Dr. Levitin is best known to his colleagues, however, as a lobbyist for student well-being. He is continually requesting, campaigning, coaxing and needling to obtain more funds for student financial aid; and for providing adequate physical resources, such as student lounges, lecture halls, more classroom space, improved library conditions, better learning equipment, more recreational facilities and reliable security measures. He is currently marshalling forces to improve living conditions in the student dormitory. "I don't run the dorm and I am not in charge of it," he said, "but I feel very strongly that we should answer the students' legitimate complaints about the maintenance and the environment of that building," he added. "I tend to worry about things the students worry about, even though that is not included in the job description for my office."

Student Financial Aid

With the cost of medical education at Yale currently about \$11,500 a year (tuition, room and board), the Student Financial Aid Office is one of the most important and busiest places in the Office of Student Affairs. Pamela Nyiri, recently appointed financial aid officer, administers financial assistance to about 80 percent of the students. A large portion of the aid is in the form of loans, but 50 percent of the students receive scholarship aid — mostly in small amounts.

Who's doing what clerkship when, is easy to keep track of on this large board of movable parts, devised by Dr. Levitin and constructed in the School's mechanical and electronic facilities workshop. Joyce Pellegrini, administrative assistant, keeps it up-to-date.



Match Day 1980



11:45 a.m., March 12, 1980: The doors to the School of Medicine mail room are locked while Joanne Satmaria and Joyce Pellegrini of the Office of Student Affairs put in seniors' mailboxes envelopes containing their appointments to first year post-graduate education.

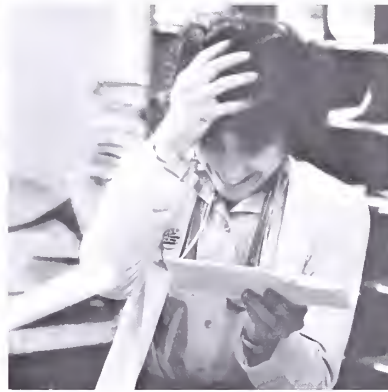
Match Day is the culmination of several months of planning, counseling, and decision making on the part of senior medical students, deans and faculty, as well as hospitals participating in the National Resident Matching Program (NRMP). The program was developed during the 1950's when there were more internship positions available than there were medical school graduates to fill them. As a result, many hospitals were exerting pressure on students to sign contracts for their internships early in their senior year; some even pressed for decisions early in the sophomore or junior years. In 1953, after several attempts to establish an equitable system for internship appointments, the basic rules of the existing NRMP were set.

The NRMP, which is an independent organization based in Evanston, Illinois, allows senior medical students who are seeking positions in the first year of graduate medical education, and institutions that are offering positions, the opportunity to rank their preferences at the same time, as late as possible in the senior year, and to match students to the programs offering them a position that ranked highest on their listing. Student and hospital listings are confidential, and matching is done by computer.

Early in March, the results are sent from the NRMP to students via the dean's office, and to the hospitals' officers in charge of internship programs. Then, on the same day in mid-March, known as Match Day, at precisely the same time – noon EST, at medical schools across the nation, announcement of appointments is made to students through the dean's office.

This year, March 12 was Match Day. At Yale, of the 96 members of the Class of 1980, 42 students received appointments to the hospital of their first choice; 19 were appointed to the hospital they listed as second choice; and 10 to their third choice.

Noon the same day: The doors are opened,
and students open the envelopes with anxiety
and consternation —



—which, for many, ends in relief and elation

—and spontaneous celebration!



New Director of Y.P.I.

Dr. Gary L. Tischler, professor of psychiatry, was appointed director of the Yale Psychiatric Institute, effective July 1. He succeeds Dr. John S. Strauss, who will continue his teaching and research as a professor in the Department of Psychiatry.

Dr. Tischler has been associate director of the Connecticut Mental Health Center for the past seven years, and was also the director of the Hill-West Haven Division of the Center from 1970 to 1977. In 1977, he was on leave of absence to spend a year in Washington, D.C. as the study director for the President's Commission on Mental Health.

A Phi Beta Kappa graduate of Hamilton College, Clinton, N.Y., in 1957, Dr. Tischler received his medical education at the University of Pennsylvania, Kings County Hospital, and the Department of Psychiatry at Yale.

The Yale Psychiatric Institute was founded in 1931, and is a component of the Department of Psychiatry. Its staff conducts research in the causes and development of behavioral and psychological disorders, in addition to treating severely disturbed young adults in the Institute's hospital. In July 1976, YPI moved from facilities in the Institute of Human Relations to more modern and spacious facilities on the campus of Albertus Magnus College on Prospect Street in New Haven.

Appointment of a Director of the Faculty Practice Plan Announced

Dr. Fred Hyde has been appointed Director of the Faculty Practice Plan at the School of Medicine. He has been since 1977, Vice President for Planning at Yale-New Haven Hospital.

With improved patient service as its objective, the School of Medicine is formulating plans for a multi-disciplinary practice plan for its full-time faculty. The plan will encompass all of the clinical services now performed by this group in both inpatient and outpatient settings.

In addition to assessing the feasibility of establishing the plan, Dr. Hyde will be responsible for devising organizational elements which will provide ready access for patients, good communications, and efficient use of space, as well as for analyzing reimbursement and financial issues and implementing interaction with federal, state and local regulatory agencies.

A graduate of Yale College, Dr. Hyde received an M.D. degree in 1972, and a J.D. degree in 1975, both from Yale University. From 1971 to 1973, he served as press secretary to U.S. Representative Robert N. Giaimo, and from 1973 until his appointment in 1977 at Yale-New Haven Hospital, he was Vice President and General Counsel for The Connecticut Hospital Association.

As Vice President for Planning at Yale-New Haven Hospital, Dr. Hyde was responsible for developing plans for the new \$65.5 million facility now under construction. He is Past-President of the Alcoholism Services Organization of South Central Connecticut, and a member of the Board of Directors of both the National and the Connecticut Societies of the Easter Seal Society for Crippled Children and Adults. He has been a member of the New Haven Board of Health, as well as a board member of the Hill Health Center, the Shirley Frank Foundation, the United Way Planning Committee, and the Yale Psychiatric Institute.

A New Program of Continuing Medical Education

The Medical Letter, a monthly professional publication, and the Yale School of Medicine have developed a continuing medical education program for physicians, and when feasible, other medical professionals. Consisting of periodic examinations based on the contents of the publication, it offers participants the opportunity to acquire Category I CME credit.

The Medical Letter is a well known and widely circulated source of information about drugs and therapeutics. Published by a non-profit organization, it has an advisory board of scholars from leading medical schools in the U.S.

The School of Medicine is accredited for continuing medical education by the American Medical Association and the Liaison Committee on Continuing Medical Education. Dr. James D. Kenney is associate dean for continuing medical education.

The new program involves objective open-book examinations prepared twice a year by a committee of Yale medical faculty, and based on contents of issues of *The Medical Letter* published during the preceding six months. Topics covered include drugs, drug toxicity, therapeutic devices, new diagnostic methods and immunizations.

The exams, which are offered to individuals only, are similar to those given by the National Board of Medical Examiners, with multiple choice, matching pairs and true/false questions. The intent of the questions is to lead the reader into a careful reconsideration of the contents of the various *The Medical Letter* articles. Each exam passed is worth 13 hours of Category I CME credit; it is possible to earn a total of 26 credits for 12 months.

Participants are identified by unique seven digit numbers and examinations are scored confidentially. The Office of Graduate and Continuing Education scores and analyses the exams, as well as reports results and awards certificates to participants.

Dr. Benison, Medical Historian, Delivers Annual Fulton Lecture

Dr. Saul Benison, well known historian of medicine, delivered the annual John F. Fulton Memorial Lecture on Friday, March 14. The topic of his lecture was "Medical Science and International Cooperation: Albert Sabin, Polio, and the Soviets".

Professor Benison, who is professor of history at the University of Cincinnati, is known for his work in oral history, the history of virology and American medical history. His oral memoir of the American virologist, Dr. Thomas Rivers, was awarded the William H. Welch medal of the American Association for the History of Medicine. Dr. Benison is currently working on a biography of the life and times of Dr. Albert Sabin.

Named for the late John F. Fulton, Sterling Professor of the History of Medicine at Yale, and funded by Dr. Bern Dibner, director of the Burndy Library in Norwalk Connecticut, the John F. Fulton Memorial Fellow is selected by a committee of the Beaumont Club.

National Endowment for the Humanities to Sponsor Summer Seminars for Health Professionals

In the summer of 1980, the National Endowment for the Humanities will sponsor eight seminars for physicians, nurses, and other health professionals. One of the seminars will be taught at Yale University by Dr. Arthur J. Viseltear, associate professor of the history of medicine and public health. Entitled "The Physician and Society: Antecedents to Contemporary Health Issues", it will be held from July 9 to August 6. Each seminar is open without charge to 12 to 15 persons, who will receive a stipend of \$1,200 and travel expenses. The deadline for application is April 14. Further information and application forms may be had by writing Professions Program, Fellowship Division MS-101, National Endowment for the Humanities, Washington, D.C. 20506.

Second Bristol-Myers Cancer Symposium

The second Annual Bristol-Myers Symposium on Cancer Research was held in New Haven on November 8 and 9. The conference, "Molecular Actions and Targets for Cancer Chemotherapeutic Agents", was sponsored by the Bristol-Myers Company and organized by the Department of Pharmacology and the Developmental Therapeutics Program of the Comprehensive Cancer Center.

Twenty-nine internationally recognized scientists presented papers on the molecular mechanisms of action of alkylating agents, cytotoxic antibiotics, and folic acid and nucleoside antimetabolites. Additional topics included radiation sensitizers, angiogenesis, metastases, chemoprevention, and differentiation as possible targets for new drug development.

The total number of registered participants was 404, representing 107 institutions in the United States and four foreign countries. Of particular note was the attendance of five scientists from the People's Republic of China. Proceedings of the conference will be published by Academic Press.

Yale University Hospital Admin- istration Alumni Association Annual Meeting

The Spring Workshop and Annual Meeting of the Yale University Hospital Administration Alumni Association will be held Friday, May 16, 1980, at the School of Organization and Management. The topic for the Workshop is "Turning Around Hospitals with New Management Teams." The participants scheduled are Edward Noroian ('58), executive vice president, Presbyterian Hospital; New York; Neal Maslan ('64), executive vice president, Hyatt Medical Enterprises, Inc., Encino, California; and Arthur Beraducci ('70), director of ambulatory services planning, Parker Hill Medical Center, Boston, Massachusetts.

Dr. McAllister Honored With Lecture Series

Dr. Lauren V. Ackerman will deliver the first William Barriss McAllister, Jr., Memorial Lecture of the Department of Pathology on Thursday May 22. The lectureship was established by friends and colleagues as a permanent tribute to Dr. McAllister's devotion to teaching and patient care.

As chief of surgical pathology for the Yale-New Haven Hospital's Memorial Unit for 25 years, Dr. McAllister contributed to the health care of thousands of patients. Most of these patients were unaware that the management of their illness was directly guided by his diagnostic abilities, his vast experience and his knowledge of the natural course of disease. He served as a consultant to surgeons as well as internists and was a bridge between the academic and the practical worlds in the Medical Center.

Dr. Ackerman is professor of pathology at the Health Sciences Center of the State University of New York, Stony Brook. His lecture on "The Contribution of the Surgical Pathologist to Medical Care" will be given at 4 p.m. in the Mary S. Harkness Auditorium, Sterling Hall of Medicine.

Faculty News

Dr. Seymour R. Lipsky was awarded the Tweett Medal for outstanding accomplishments in chromatography by the Academy of Sciences of the U.S.S.R. at an International Symposium on Advances in Chromatography, held in October in Lausanne, Switzerland. Dr. Lipsky, professor of laboratory medicine, is one of the inventors of the electron capture detector for gas chromatography. With Professor Csaba Horvath of the Department of Engineering and Applied Science, he developed the technique for high performance liquid chromatography.

The 1979 McGregor Award for the best paper on theory, practice and values in planned social change was awarded to **Dr. Robert Tucker**, associate professor of psychiatry, and his colleagues. The paper is entitled "Diagnosing Race Relations in Management". The McGregor Award is sponsored by the *Journal of Applied Behavioral Science*.

Dr. Robert K. Yu was awarded the Gold Medal from Kitasato University and a gold plaque from the Tokyo Society of Medical Sciences and Tokyo University. Dr. Yu, who is associate professor of biochemistry in neurology, is on sabbatical leave in Japan.

The Presidential Citation of the American College of Chest Physicians has been awarded to **Dr. Arthur E. Baue**, Donald Guthrie Professor of Surgery and chairman of the Department of Surgery. The award was presented to Dr. Baue in recognition of his contributions and leadership in the field of thoracic and cardiovascular surgery. At the annual fall meeting of the College, Dr. Baue delivered a special lecture entitled, "Weak Links in the Chain of Cardiothoracic Surgery".

Dr. Michael H. Sheard was elected president of the Psychiatric Research Society for the coming year. Dr. Sheard is professor of psychiatry.

Dr. Joseph S. Fruton, Eugene Higgins Professor of Biochemistry at Yale, has received an additional appointment as professor of the history of medicine at the School of Medicine effective February 1980. A member of the Yale faculty since 1945, Dr. Fruton has achieved international eminence as a historian of biochemistry. His book "Molecules and Life" is a comprehensive and masterful history of the central themes of biochemical investigators since 1800.

The Emergency Medical Services Council of South Central Connecticut presented **Dr. William H. Frazier**, assistant professor of surgery (plastic) with a Special Award. He was honored for his "exceptional leadership and dedicated service to the Emergency Medical Services program in the South Central Connecticut region." Dr. Frazier is director of the Yale Trauma Program, as well as medical director of the South Central Connecticut Emergency Services Council.

Dr. Mark A. Hayes retired from the active faculty in October 1979 and is now professor of surgery emeritus. He had served on the faculty for 27 years, having come to Yale in 1952 as an associate professor. He was promoted to professor in 1961. A reception in the Department of Surgery on October 18 honored Dr. and Mrs. Hayes on the occasion of his retirement.

Dr. Richard H. Greenspan, professor and chairman of the Department of Diagnostic Radiology, has been appointed a Macy Faculty Scholar for 1980-81. The awards have been made by the Josiah Macy, Jr. Foundation to senior faculty members from twenty-one medical schools in the United States and Canada to support six months to a year of concentrated research and study at institutions in ten foreign countries and the United States. Dr. Greenspan will study imaging capabilities of nuclear magnetic resonance at the Royal Postgraduate Medical School in London, England.

Dr. F.C. Redlich, professor emeritus of psychiatry and former dean, has been appointed a member of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. He and the ten other commissioners were sworn in on January 14 at a White House ceremony. The Commission will investigate ethical implications of informed patient consent, privacy of medical records, and the differences in availability of health services as determined by income or residence. Among other issues, the Commission will study the matter of developing a uniform definition of death and will consider the ethics of voluntary testing, counseling, and information and education programs with respect to genetic diseases and conditions. Dr. Redlich is currently professor of psychiatry at the University of California at Los Angeles and the chief of staff and acting director of the Brentwood Veterans Administration Medical Center. He is also a fellow of the Institute of Society, Ethics and the Life Sciences.

Two members of the faculty have been honored by being elected Fellows of the American Association for the Advancement of Science. They are **Dr. Philip K. Bondy**, professor of medicine, and **Dr. Joan A. Steitz**, professor of molecular biophysics and biochemistry.

Dr. Theodore R. Marmor, professor of public health; Institution for Social and Policy Studies; and political science, has been appointed to the President's Commission for a National Agenda for the Eighties. This independent forum of 50 members has been established to identify and examine the most critical public policy challenges facing the nation in the coming decade, and to recommend approaches to dealing with them.

Dr. Robert E. Shope was inaugurated as president of the American Society of Tropical Medicine and Hygiene during the Society's annual meeting in November. Dr. Shope is professor of epidemiology, and director of the Yale Arbovirus Research Unit.

Dr. Herbert D. Kleber was presented with the first Abe and Ethel Lapides Foundation Fund Meritorious Service Award of the Southern Connecticut College Foundation and Center for Urban Studies. Dr. Kleber, who is professor of psychiatry, is director of the Substance Abuse Treatment Unit of the Connecticut Mental Health Center.

New Books By Faculty

Before the Best Interests of the Child. By Joseph Goldstein, Anna Freud and Albert J. Solnit, M.D., *Sterling Professor of Pediatrics and Psychiatry, Director Yale Child Study Center.* Free Press (New York) 1979. 288 pp.

Sexual Unfolding. By Lorna J. Sarrel, M.S.W., *assistant clinical professor of social work, obstetrics and gynecology and psychiatry,* and Philip M. Sarrel, M.D. *associate professor of obstetrics and gynecology and psychiatry.* Little, Brown & Company (Waltham, Massachusetts) 1979. 354 pp.

The Wine of Life and Other Essays on Societies, Energy and Living Things. By Harold J. Morowitz, Ph.D., *professor of molecular biophysics and biochemistry.* St. Martin's Press, 1979.

The Broken Connection. By Robert Jay Lifton, M.D., *professor of psychiatry.* Simon and Schuster (New York) 1979. 495 pp.

Metabolic Control and Disease. 8th Edition. Edited by Philip K. Bondy, M.D., *professor of medicine,* and Leon E. Rosenberg, M.D., *professor and chairman of the Department of Human Genetics, professor of pediatrics and medicine.* W.B. Saunders Co. (Philadelphia) 1979. 2000 pp.

Regulating Hospital Costs. By David S. Abernethy and David A. Pearson, *associate professor of public health.* Health Administration Press (Ann Arbor, Mich.) 1979. 220 pp.

Leon Stansfield Stone, Ph.D.

Dr. Leon S. Stone was born in Newton, New Jersey on February 14, 1893 and died in Hartford, Connecticut at the age of 87 on January 27, 1980.

After graduating from Lafayette College in 1916, Dr. Stone served in the Medical Services Corps of the United States Army during World War I. He then became an assistant instructor of anatomy at the Yale University School of Medicine in 1919 while enrolled in the Department of Zoology as a graduate student of Dr. Ross Harrison, the world renowned inventor of the tissue culture technique. Dr. Stone received his Ph.D. degree from Yale in 1921. He became an instructor in anatomy in 1921, an assistant professor in 1925, an associate professor in 1928, and Bronson Professor of Comparative Anatomy in 1940. After 42 years of continuous teaching of anatomy and embryology at Yale he retired in 1961 as Bronson Professor of Comparative Anatomy Emeritus.

Dr. Stone upset the world of embryology in 1922 with a publication in which he showed that ectodermal cells from the neural crest in amphibian embryos gave rise to cartilaginous structures. This was contrary to the dogma of the germ cell theory which stated that only mesodermal cells could give rise to cartilage. In 1929 when he gave talks in England, the Netherlands, France, Germany and Austria as a Rockefeller Foundation Traveling Fellow, he was good-humoredly introduced as Dr. "Neural Crest" Stone.

Many years of research on the visual system in salamanders culminated in his being invited to address the Ophthalmological Congress of England in 1947 where he was awarded the prestigious Doyne Memorial Medal. In 1967 his alma mater, Lafayette College, awarded him an honorary Doctor of Science degree. Dr. Stone is survived by his wife, Ruth Hoagland Stone, a daughter, Mrs. Carl V. Hansen, four grandchildren and one great-grandchild. **E.S.C.**

Terry Ewald Hiltunen, D.D.S.

Dr. Terry E. Hiltunen, associate clinical professor of dental surgery, died on October 28, 1979. He was 71 years of age.

A native of Eveleth, Minnesota, he graduated from the University of Iowa in 1931 with a doctor of dental surgery degree. He served his internship and subsequently his residency in oral surgery at Kings County Hospital in Brooklyn, New York, and entered private practice in New Haven in 1934. Dr. Hiltunen was appointed a clinical assistant in dental surgery at the Yale School of Medicine in 1937 and was also an assistant attending surgeon (dentistry) at the New Haven Hospital. He was later appointed as a clinical instructor in dental surgery and in 1949 was promoted to the rank of assistant clinical professor.

In 1934 he had become a member of the New Haven Dental Clinic Society, which later became the Morton J. Loeb Dental Clinic, and he served as a member of its Board of Directors. He was a member of the New Haven Dental Association and served as its president in 1964-65. He became a fellow of the International College of Dentistry in 1973. He was also a member of the Academy of General Dentistry, the Connecticut State Dental Association, and the American Dental Association.

In addition to his wife, he is survived by his two sons, two sisters and five grandchildren.

Alumni News

1929

Russell Scobie's untiring efforts on behalf of the use of water fluoridation and particularly his endeavors to fluoridate the water supply of the City of Newburgh (N.Y.), were recognized recently when the Newburgh City Council named its new water filtration plant in his honor. In 1945, Newburgh became the first city in the nation to add fluoride to its water, and Dr. Scobie was a member of a group which became responsible for a water filtration study. The ten-year study revealed that fluoridation reduced considerably the number of cavities in school-age children (children in the Newburgh area had 60% less cavities than children in nearby Kingston which did not have fluoridated water.)

Having lectured world-wide on water fluoridation in addition to being a strong proponent of the project in Newburgh, Dr. Scobie was cited for his work in this field and "for promoting a scientific achievement that amounted to a breakthrough in the field of dentistry and in assuring the good health of young children."

1936

George Hahn wrote recently that while he continues as professor of obstetrics and gynecology at Jefferson Medical College and as tumor consultant at Mercy Catholic Medical Center in Philadelphia, he has also been travelling a great deal. Last spring he presented four papers in Paris and later in the year, a number of talks in this country; and most recently, he attended the World Congress on Carbon Dioxide Laser Surgery in New Orleans. Dr. Hahn notes that he is using laser surgery increasingly, particularly for pre-cancerous and limited carcinoma in-situ in the pelvic area.

He is also on the Advisory Council, chairman of continuing education for the Gynecologic Laser Society and is a Governor of the American College of Surgeons. He

was recently inducted in the Legion of Honor of the Chapel of the Four Chaplains in Philadelphia. The Legion was developed to commemorate the heroism of the four chaplains who gave up their life preservers when the *Dorchester* was sunk in the early part of World War II.

He also noted: "On a non-medical basis we are showing our beautiful Chesapeake Bay retrievers, Water Princess of Gladwyn and Sassafras View Don of Gladwyn. We just call them Princess and Don."

1938

Charles Petrillo, in association with James Dowaliby ('67) and Juan Hernandez ('75 HS) announced the opening of an office in Guilford, Connecticut, in addition to their present New Haven office, for the practice of ear, nose and throat surgery and head and neck surgery.

1952

Frank Carone, Morrison Professor and associate chairman of the Department of Pathology at Northwestern University Medical School has been awarded a five-year research grant by the National Institutes of Health for his continuing study of the kidney. The grant will support studies of how the kidney handles proteins and peptides. Dr. Carone's previous work in this area has led to the discovery of how the kidney tubules metabolize small peptides.

Besides teaching, Dr. Carone serves as editor of the "Year Book of Pathology" and director of laboratories at Northwestern Memorial Hospital in Chicago. He also directs the Renal Biopsy Service at The McGaw Medical Center of Northwestern University. He and his wife, Annabelle, live on LaFox Road in St. Charles, Illinois.

José Patiño, chairman of the Department of Surgery at Hospital de La Samaritana of Bogota, has recently published a monograph entitled "Fisiopatología y Clínica de la Hipertensión Portal". A completely rewritten and updated version of the original published in

1972 by Ediciones Lerner, the monograph represents a new book and is a synthesis of the basic aspects of physiopathology, which appears co-related with the clinic aspects of the syndrome of portal hypertension. It includes, for the first time in the medical literature, a description of the use of the Hakim's valve, designed by the Colombian neurosurgeon Salomón Hakim, as peritoneovenous shunt in the surgical treatment of ascitis. This new medical book has been published under the auspices of the Panamerican Federation of Associations of Medical Schools and COLENCIAS.

In addition to his current academic and professional positions, Dr. Patiño recently assumed the direction of OFA Foundation for the Advancement of Biomedical Sciences.

1953

Howard Smith, together with **Eiji Yanagisawa** ('59 HS), Robert Rosnagle, Keat-Jin Lee, and Gordon Strothers, announces the opening of an additional office in Milford, Connecticut for the practice of otolaryngology, facial plastic surgery and head and neck surgery.

1955

Irwin Braverman, professor of dermatology at Yale, has been elected to the Board of Directors of the American Academy of Dermatology.

1957

Raymond Phillips, who lives in New York State, where he is in private practice in Pocantico Hills, North Tarrytown and is an assistant clinical professor of medicine at New York Medical College in Valhalla, wrote regarding his new two-volume series entitled "Cardiovascular Therapy, A Systematic Approach." Volume I, "The Circulation", has recently been published and Volume II, "The Heart", will be published in January 1981. These books, written for the primary care physician, are published by W. B. Saunders Company of Philadelphia.

1961

Norman Moss and **John Pearce** are founding members of the American Family Therapy Association (AFTA), which had its first meeting in Chicago in April 1979. Both are serving on the Association's Board. Dr. Moss is chairman of the membership committee, and Dr. Pearce is chairman of the program committee and editor of the newsletter. The organization, which is currently limited to teachers of family therapy, sponsors national meetings and some local meetings.

1964

Remo Fabbri, Jr. reports that BECCO Audio-Visual Productions, a subsidiary of Behavioral and Educational Consulting Corporation which he founded in 1976 has become the English language adaptor and distributor of "Sexual Compatibility: The Sensual Cycle of Life," an audio visual series from Canada, originally produced in French. He also directs The Center for Behavioral and Psychosomatic Medicine in New Haven.

Dr. Fabbri is now completing his three-year term as one of the six representatives from the Association of Yale Alumni in Medicine to the Association of Yale Alumni. His wife, Nancy, is associate professor of art history at Connecticut College in New London, and their son, Gian-Dillman is a jovial 5-year old kindergartner.

Stephen Waltman, professor of ophthalmology at Washington University School of Medicine received the American Academy of Ophthalmology's Honor Award at the annual meeting of the Academy last fall. Dr. Waltman was honored for his voluntary contributions to the Academy's continuing education program. A member of numerous professional societies, he is also recognized for publications on a wide range of ophthalmologic topics. He recently edited "Complications in Ophthalmic Surgery", which was, at the time of his above award, soon to be released.

1967

New findings by **Martin Wand** in collaboration with his former English professor at Yale, Richard B. Sewall, now professor emeritus, indicate that lyric poet Emily Dickinson had exotropia, a physical eye condition to which she apparently alludes in correspondence with a friend sometime after 1865. Much mystery has surrounded the poet's reclusive way of life and many scholars have thought that her problem was neurotic or psychosomatic; however, Dr. Wand's conclusion based not only on his measurements taken from a daguerrotype of the poet at age 17 or 18 (the only likeness of Emily Dickinson ever made) but also on studies of photographs and portraits of other members of her family would now appear to dispute this theory. Dr. Wand found that she had a "prominent right exotropia of at least 15 degrees, a high degree of deviation." The condition was not evident in studies of her father and brother; however, it appears that both her sister and her mother had a right exotropia as well. Interestingly, it is known that exotropia is inherited and is more prevalent in women than in men.

Professor Sewall, the author of a two-volume biography, "The Life of Emily Dickinson", has felt for some time that the poet did have an eye problem and now agrees with Dr. Wand that her troubles were physical. Dr. Wand and Professor Sewall have published a paper on the above studies and conclusions entitled "Eyes Be Blind, Heart Be Still", in the literary journal, *New England Quarterly*.

1974

Peter Buchin has entered practice of internal medicine and gastroenterology at 755 Park Avenue in New York City as of last July and he is also an assistant professor of clinical medicine at Columbia University College of Physicians and Surgeons.

1975

Barbara Stoll wrote recently: "After doing a pediatric residency at Babies Hospital in N.Y.C. and a neonatology fellowship at Emory in Atlanta, I've ended up (with my husband, Roger Glass, an internist-epidemiologist with the CDC) at the International Center for Diarrheal Diseases Research in Dacca, Bangladesh, doing clinical research and being a consultant at the Cholera Hospital - 'A Far Cry from Neo-Natal Intensive Care!' We're enjoying our adventures tremendously. I'd love to hear from any old Yale friends (in person or by post!). My temporary (next two years) address is: Barbara Stoll c/o I.C.D.D.R., B Dacca, Bangladesh, c/o Dept. of State, Washington, D.C. 20520."

Public Health

1951

For the past five years, **Leonard Menczer** has been the curator of the Historical Museum of Medicine and Dentistry of the Hartford Medical Society and the Hartford Dental Society. The museum opened early in 1974 after several years of planning. In a recent letter to the editor of *Yale Medicine*, Dr. Menczer writes: "We just published a Catalogue, a copy of which I am enclosing. If your readership desires a copy, he/she may communicate with me." An elegant 48 page catalogue with photographs of medical and dental instruments from the museum's extensive collection was enclosed. Dr. Menczer's address is 230 Scarborough Street, Hartford, Connecticut 06105.

1956

Kathleen Howe received the Ira V. Hiscock Award from the Connecticut Public Health Association in November.

1969

Charles Jeffrey has joined the attending staff at Massachusetts General Hospital and has been appointed an instructor at Harvard Medical School. Dr. Jeffrey teaches anesthesiology and does research in cardiovascular surgery and surgical intensive care.

1977

The new director of health for the city of Middletown, Connecticut is **Leon Vinci** whose responsibility is to oversee a comprehensive public health program for this community of approximately 50,000. He currently serves on the executive boards of the Connecticut Association of Directors of Health and the Connecticut Environmental Health Association. Mr. Vinci was named "Sanitarian of the Year" by the Connecticut Environmental Health Association and an "Outstanding Young Man" by the Outstanding Young Man of America Foundation during 1979.

House Staff

1954

Warren Knauer has just recently been elected president of the New Jersey Chapter of the American College of Surgeons.

1959

Eiji Yanagisawa, together with **Howard Smith** ('53 Med.), Robert Rosnagle, Keat-Jin Lee, and Gordon Strothers, announces the opening of an additional office in Milford, Connecticut for the practice of otolaryngology, facial plastic surgery and head and neck surgery.

In Memoriam

'10 M.D.	George Goldman, January 20, 1980
ex '19 M.D.	Ward Williams, M.D. July 24, 1979
ex '22 M.D.	Harry Caplovitz, M.D., September 22, 1979
'23 M.D.	Frank G. Amatruda, October 21, 1979
ex '23 M.D.	William H. Kiser, Jr., M.D. August 9, 1979
'25 M.D.	I. Newton Kugelmass, August 8, 1979
'25 M.D.	E. Christopher Wood August 26, 1979
'26 M.D.	Joseph L. Hetzel, April 30, 1979
'29 M.D.	Marvin A. Stevens, December 6, 1979
'33 M.D.	Caroline A. Chandler, December 18, 1979
ex '36 M.D.	Roger D. Hebert, M.D. June 26, 1979
'37 M.D.	Bowman Wise Branning, October 12, 1979
'40 M.D.	Francis X. Sommer, September 21, 1979
'40 Hs.	John B. O'Connor, August 20, 1979
'41 D.P.H.	Rev. Howard M. Freas, M.D., August 30, 1979
'46 M.P.H.	Mrs. Catherine D. Hidy November 18, 1979
'52 M.D.	David Kligler, January 5, 1980
'56 M.D.	Edward C. Meyer, October 11, 1979
'58 M.P.H.	Shirley L. Montgomery date unknown
'70 M.D.	Robert H. Hicks, Jr., January 14, 1980

Alumni Weekend 1980

Friday, May 30

Alumni Registration
Rotunda, Sterling Hall of Medicine

9:00-4:00 Yale School of Nursing "23rd Annual Alumnae College"
855 Howard Avenue

2:00-4:00 Medical School Alumni Reunion Faculty Panel
"Medical Malpractice Update"
(Matters of informed consent, risk management and professional liability insurance will be discussed in detail.)
Angela Holder, LL.M., *Associate Clinical Professor of Pediatrics (Law)*
Jay Katz, M.D., *Professor of Law and Psychiatry*
Lawrence K. Pickett, M.D., *William H. Carmalt Professor of Surgery and Pediatrics; Associate Dean for Clinical Affairs, School of Medicine; Vice President for Medical Affairs, Yale-New Haven Hospital*
Fitkin Amphitheater

Yale College Alumni Reunion Faculty Panels
(Medical School Alumni are invited to attend.)
University Art Gallery Lecture Hall,
1111 Chapel Street

10:30-12:00 "Yale's Campus Architecture"
Moderator: George L. Hersey, '54 M.F.A. and '64 Ph.D., *Professor of the History of Art*
George W. Pierson, '26, '33 Ph.D., *Larned Professor Emeritus of History and Historian of Yale University*
Susan Ryan, *Research Assistant in Architectural History at Yale*
Robert A. M. Stern, '65 M. Arch., *Professional Architect with own firm and Assistant Professor of Architecture, Columbia University*

2:00-3:00 "Presidential Politics 1980"
Moderator: David R. Mayhew, *Professor of Political Science and Chairman, Department of Political Science*
F. Christopher Arterton, *Associate Professor of Political Science*
Donald R. Kinder, *Associate Professor of Political Science and of Psychology*
Steven J. Rosenstone, *Assistant Professor of Political Science*

Saturday, May 31

Alumni Registration
Rotunda, Sterling Hall of Medicine

9:00-11:00 Coffee Service
Beaumont Room, Sterling Hall of Medicine

9:15-9:45 "Hospital and School - 1926-1976"
Courtney C. Bishop, M.D., *Clinical Professor (Emeritus) of Surgery*
Historical Library, Sterling Hall of Medicine

10:00-11:45

Seminars

- I. "The Ten Percent Solution: A Study in Cocaine"
Robert Byck, M.D., *Professor of Psychiatry and Pharmacology*
- II. "Immunology: The Second Most Fascinating System in Biology"
John M. Dwyer, M.D., Ph.D., *Associate Professor of Medicine and Pediatrics; Chief, Section of Clinical Immunology*
- III. "Sports Medicine - Academic, Clinical and Practical"
Oliver W. Dayton, *Head Trainer (Emeritus) of Yale Athletics; Clinical Instructor, Surgery (Orthopedics)*
Peter Jokl, M.D., *Associate Professor of Orthopedic Surgery; Director, Athletic Medicine and Orthopedic Surgeon, University Health Services*
Richard J. Mangi, M.D., *Assistant Clinical Professor of Medicine; Head of the Infectious Disease Section, Hospital of Saint Raphael*
- IV. "Pathological Development of the Self in Childhood: Neurobiological Perspectives"
Donald J. Cohen, M.D., *Professor of Pediatrics, Psychiatry and Psychology, Child Study Center; Co-Director, Mental Health Clinical Research Center*

Guided Tours

- 10:00-11:00** Yale Center for British Art
- 10:30-12:00** Historic Section of New Haven
- 12:00-12:30** Annual Meeting of the Association of Yale Alumni in Medicine
Welcome and introductory remarks
William L. Kissick, M.D., D.P.H., *President of the Association*
Robert W. Berliner, M.D., *Dean, School of Medicine*
Harkness Auditorium
- 12:30-1:00** Sherry
Harkness Lounge
- 1:00-2:00** Buffet Luncheon
Harkness Dining Hall
- 2:30-4:00** Guided Tours
Nathan Smith Building; William Wirt Winchester Building; Hunter Radiation Therapy Center
- 3:00-4:00** Yale Center for British Art
- 3:00-4:15** Historic Section of New Haven
- 2:30** School of Medicine Alumni Fund Class Agents Meeting
Steiner Room
- 4:30-6:00** Social Hour
Harkness Lounge

Individual Class Parties and Dinners for the five year reunion classes

('30, '35, '40, '45, '50, '55, '60, '65, '70, '75) will be held in the evening. Information will be available at the Alumni Registration Desk.

March 1980

Dear Colleague:

Have you ever had the feeling that editors are unreasonable, sadistic, uncooperative, obstructive? Have you ever had a really good paper rejected for reasons which you consider trivial or arbitrary? If you have joined the club of frustrated authors, perhaps you should consider giving the Yale Journal a chance to relieve that defeated feeling. We have high standards, but we are also sympathetic. Our evaluations are performed by medical and graduate students and faculty at Yale and we are usually open to reason.

If you have an orphan, perhaps we can find it a home.

If you have a really terrific paper which is still unsullied by previous editorial scepticism, we would love to have a chance to bless it for you.

Yours sincerely,



Philip K. Bondy, M.D.
Editor-in-Chief

PKB:s1



We are proud of the *Yale Journal*, both because of its distinguished publication record and because of the important role it plays in offering interested medical and public health students an opportunity to learn at first hand some of the problems of editing and producing a medical journal. Unfortunately, success in this venture is impossible unless there are the manuscripts to evaluate and publish. The editor has reached a state of desperation in his search for appropriate material, and recently sent the attached cry for help to all members of the Yale faculty at the medical school. He would be happy to hear from interested alumni as well.

Yale Medicine

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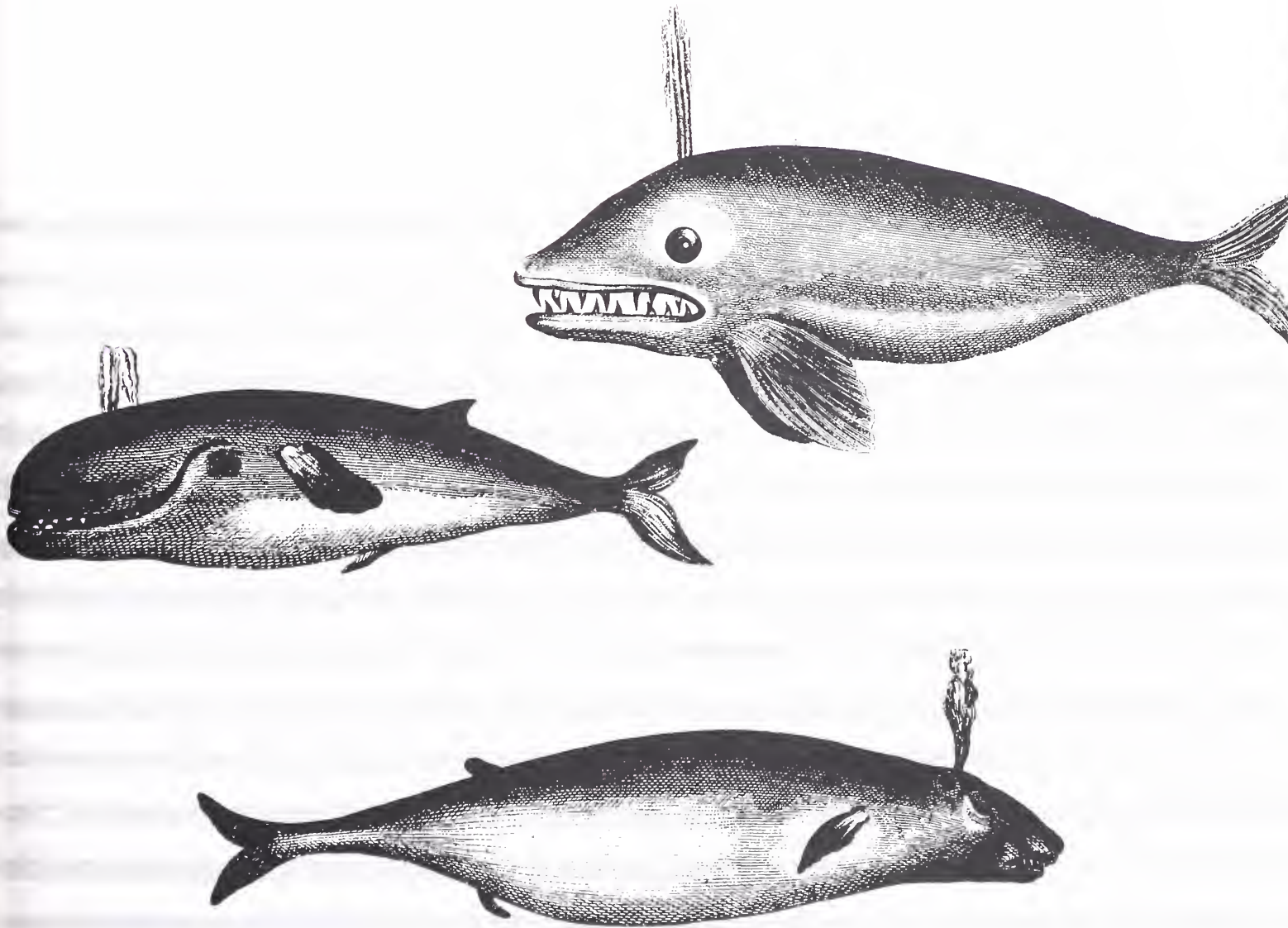
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Yale Medicine

Alumni Bulletin of the School of Medicine: Summer 1980

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FRI AUG 15 1980



Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor, 333 Cedar Street, New Haven, Connecticut 06510

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Managing Editor: Marjorie Blake Noyes
and Design

Assistant Editor: Guldane K. Mahakian

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pp 5 - 9, William Carter; page 12,
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Vols. 3 and 4. M. Duhamel de Monceau. Paris, 18th
century. (Courtesy Yale Medical Library)

Message to the Class of 1980

Philip Felig, M.D., *C.N.H. Long Professor of Medicine*



Dr. Felig was the Commencement Speaker at the School of Medicine graduation ceremonies held on Sunday, May 25, 1980.

Today's ceremonies mark your entrance into a profession with ancient roots, a glorious past, and a history of enormous achievement. As a physician you will never know economic deprivation, lack of opportunity, or a need for professional stimulation. And yet in the view of some, medicine has an uncertain future.

In today's world serious doubts about the future of medical practice have been voiced both within the profession as well as by external forces. Within the medical profession there is the concern that sound clinical judgment is being hampered by a need to conform with governmental regulations in which cost rather than care may be the predominant consideration. Utilization review committees and professional standard review procedures, while well intentioned, have often resulted in bureaucratic encumbrances. The sting of mounting malpractice claims has led to the practice of what has come to be described as defensive medicine. Decisions regarding diagnosis and treatment may no longer be based on the principles of probability and logic which we have all been taught, but on the need to leave no stone unturned lest our judgment prove incorrect and our fate be placed in the hands of a jury. For those like yourselves who are just entering the profession, governmental regulatory agencies are adding new strictures in attempting to limit the number of positions available for training in various subspecialties.

The view of medical practice from outside the profession has also taken on negative connotations. The physician more than ever before is viewed as a technician eager to apply powerful new methods of diagnosis or treatment. A technician generally indifferent to the patient as a person, unconcerned about the cost to society and unwilling to share with the patient and society as a whole in the decision-making process.

Despite these seemingly negative pressures I submit that medical practice has long thrived in the face of an ambivalent perception by society. Over three hundred years ago John Owen wrote:

God and the doctor, we alike adore
But only when in danger, not before.
The danger over, both are alike requited,
God is forgotten and the doctor slighted.

What has changed in the last 300 years is that in a progressively healthier society contact with the physician is rarely at times of true danger but in the context of preventive health care or treatment of chronic disease processes.

Only a relatively small proportion of doctor-patient contacts are now characterized by imminent danger to the patient in which the doctor is viewed as a deity. In the absence of such danger the patient may scrutinize the doctor with the same detachment and attention to detail with which the doctor has been taught to scrutinize the patient.

A second factor which has eroded the exalted position of the physician is the public's increasing awareness of and preoccupation with health care in general, and more particularly with the most recent reports in various medical journals. It is now a weekly ritual for news

stories to appear in the Thursday editions of the newspapers describing the findings in one, two or perhaps three articles which appeared in that week's issue of the New England Journal of Medicine. The public's interest in medical news would appear to be insatiable. But with such information may come false hopes of instantaneous cures followed by disillusionment.

The third major factor which has created tensions between the practitioner and society is due to a failure of communication, in this case primarily on the part of the physician.

As physicians we all recognize the power for good as well as evil inherent in our ability to prescribe medication, perform surgery or order tests. Each of us considers it our responsibility to be fully cognizant of the side effects of drugs which we prescribe, the risks of various test procedures, and the likelihood of complications from surgery which we may recommend. Yet few of us consider the impact upon the patient of what we say in addition to what we do. What we communicate or fail to communicate to the patient may have a far greater impact than the treatment we administer.

This is particularly true in caring for a patient with a chronic disease process. We may add far more to the patient's well being by communicating our concern as well as a sense of confidence than by altering the dose or type of medication. This point has been driven home to me over the last few months as I have taken leave of patients I had been following for years. I was struck that in patients whose management had required few if any major decisions regarding how much medication or the type of medication they might receive, there was a profound sadness to see me leave. The satisfaction they perceived in my treating them could not be attributed to some special insight I had shown regarding their metabolism. Whatever success I had achieved was a consequence of having communicated a sense of concern for them as well as confidence in the management I was providing for their problem. I do not mean to imply that the laying on of hands can replace biomedical science. But the danger in an age of increasing and more sophisticated testing and treatment procedures is that we may fail to recognize that there is no substitute for talking to the patient. Comforting the sick requires not only an understanding of the intricacies of disease but also insight regarding the patient's concerns and fears. Were that not the case, the task of this medical school might be as well served by producing 100 new computers rather than a new class of physicians.

Communication also requires that the patient be fully informed in the decision-making process. Too often the patient who asks why a course of action is pursued is talked down to or even ignored. It is paradoxical that while the best training programs foster a spirit of inquiry on the part of students and housestaff, we fail to consider that inquiry is also the province of the patient.

As we look to the future we can expect an even more sophisticated and more inquiring patient population. The challenge for tomorrow's physician is thus to

communicate not only concern but the basis of the decision-making process in caring for the patient. The physician who feels threatened by the inquiring patient should carefully examine his or her reaction. Does the patient have less of a right to know than a trainee participating in the case? Would the questions be considered legitimate if they came from a colleague rather than the patient? I believe that any circumstance which forces us to examine the basis of our actions can only improve the quality of the care which we render.

Finally, while preaching to you the importance of communication, I find it difficult to express my own feelings as I join you in leaving this great institution. Whatever success I have had or may have in the future is due to the love for learning, concern for others, and warmth and affection which I have experienced at Yale. As I look back on my own graduation in this very room 19 years ago, I can only hope that each of you will experience the same excitement, adventure and satisfaction which being a physician has provided me.

Dedication Ceremonies Held

for Nathan Smith Building and Additions to Winchester and Hunter Buildings

The Nathan Smith Building and additions to the William Wirt Winchester Building and Hunter Radiation Therapy Center were dedicated on March 25. Over 200 guests attended the long-awaited occasion, which was celebrated with ceremonies and a reception, followed the next day with scientific symposia sponsored by the new building's occupants, the Department of Human Genetics and the Comprehensive Cancer Center.



A view of the Nathan Smith Building from Cedar Street toward Davenport Avenue

Dr. Donald S. Fredrickson, Director of the National Institutes of Health, was guest speaker at the ceremonies which were presided over by Dean Robert W. Berliner. A. Bartlett Giamatti, president of the University; Dr. Jack W. Cole, director of the Cancer Center; Dr. James J. Fischer, chairman of the Department of Therapeutic Radiology; and Dr. Leon Rosenberg, chairman of the Department of Human Genetics, spoke of the importance of the new facilities to research, patient care and teaching. Tours of the buildings followed, and receptions were held on the second and third floors of the Nathan Smith Building.

"Currents in Genetic Research" was the topic of the symposium held the following morning. Dr. Hugh O. McDevitt, professor of medicine and medical microbiology at Stanford University; Dr. Elizabeth F. Neufeld, chief of the Genetics and Biochemistry Branch of the National Institute of Arthritis, Metabolic and Digestive Disease; and Dr. Daniel Nathans, professor and director of the Department of Microbiology at Johns Hopkins University were participants in the meeting, which was well attended and enthusiastically received.

Dr. Henry S. Kaplan, director of the Cancer Biology Research Laboratory at Stanford University, was the first speaker of the afternoon symposium, "Cancer—the Decade Ahead". Dr. Charles G. Moertel, director of the Mayo Comprehensive Cancer Center, and Dr. Van Rensselaer Potter, professor of oncology at McArdle Laboratory for Cancer Research at the University of Wisconsin also spoke to the large and responsive audience of medical scientists.

The Nathan Smith Building and expansion of the William Wirt Winchester Building and Hunter Radiation Therapy Center are significant additions to the Yale-New Haven Medical Center. The \$4.86 million project, begun in 1978, will provide new patient facilities, laboratories, and offices for the Comprehensive Cancer Center and the Department of Human Genetics. It was funded through federal, state and private monies.

Known during its planning and construction phases as "the bridge building", the Nathan Smith Building was named in honor of the most famous member of the original faculty of five professors of the Medical Institution of Yale College. It spans the south end of Cedar Street, joining Sterling Hall of Medicine and the Winchester Building. The two-level brick and steel structure includes offices and research laboratories of the Department of Human Genetics on the third floor, and the Cancer Center on the second floor, and provides effective proximity between basic medical research and patient care.

New research laboratories and offices are provided for the Department of Therapeutic Radiology by the second and third floor additions to the Hunter Building. The Winchester expansion project enabled the establishment of a chemotherapy outpatient clinic conveniently close to other cancer treatment facilities, including the general oncology and therapeutic outpatient clinics.



Dean Robert W. Berliner, left, President A. Bartlett Giamatti, center, and Dr. Donald S. Fredrickson

At the reception following the ceremonies . . .

top left

Dr. Fredrickson with Dr. Jack W. Cole, director of the Comprehensive Cancer Center, right, and Mrs. Berliner



top right

Dr. James Fischer, chairman of the Department of Therapeutic Radiology, and Dr. Fredrickson

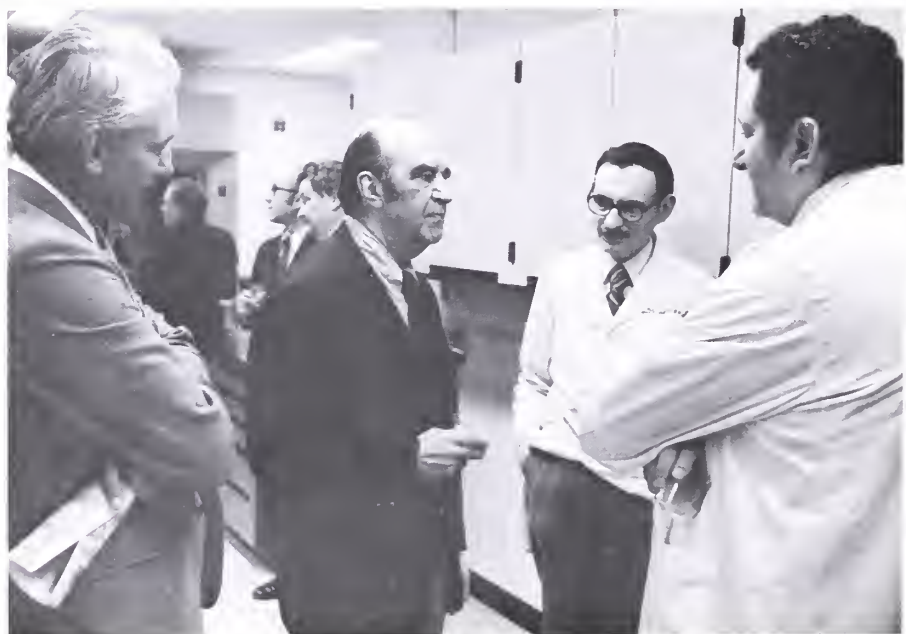


center left

Dr. Leon Rosenberg, chairman of the Department of Human Genetics, with Dr. Fredrickson

center right

Mrs. Harriet Batchelder, business manager of the Department of Human Genetics during the years of planning and construction, with a guest at the reception



From left to right: Dr. Robert Handschumacher, professor of pharmacology; Dr. Gerald Klatskin, David Paige Smith Professor Emeritus of Medicine; Dr. Sherman Weissman, professor of human genetics, medicine, and molecular biophysics and biochemistry; and Dr. Joseph Bertino, professor of pharmacology and medicine

The dedication of the Nathan Smith Building marks an important milestone for the Department of

HUMAN GENETICS



The completion of the third floor of the Nathan Smith Building has long been awaited by members of the Department of Human Genetics. "It seems as though we had outgrown our original facilities in the LCI building even before we moved in," a faculty member observed recently.

During the past two decades, the study of human genetics has become one of the most rapidly advancing and challenging fields in medical science. "It is hard to believe now, that in the 1950's when I and many of my colleagues were in medical school, human genetics was a relatively minor subject," Dr. Leon Rosenberg, chairman of the Department, remarked a few years ago.

The distinguished faculty of the Department has made many major contributions to advances in genetic research and patient care. The Nathan Smith Building, which is a bridge joining research laboratories in the Sterling Hall of Medicine and patient care facilities in the Yale-New Haven Hospital, symbolizes the spirit in which the Department was founded in 1972. At that time, Dr. Rosenberg stated, "The fundamental philosophy behind this departmental organization is that the application of basic genetic knowledge to the problems of human illness can best be accomplished in a climate which encourages close interaction between those with expertise in basic laboratory genetic science and those who are concerned with patients with genetic problems. This is a new concept in academic medicine."

Four of the current research projects in the Department are described briefly on the following pages.

Several members of the Department are involved both in genetic research and the care of patients with genetic problems. In addition to investigations of inborn errors of vitamin B₁ metabolism, Dr. Maurice Mahoney has been closely associated with a program of prenatal diagnosis of inherited disease. With Dr. John Hobbins of the Department of Obstetrics and Gynecology, he has pioneered in the development of fetoscopy, a technique for visualizing the fetus *in utero*, which makes possible fetal biopsies and blood sampling.

With this procedure, physicians are able to diagnose *in utero*, thalassemia, hemophilia and sickle cell anemia. Further, fetoscopy offers the potential for detecting other genetic diseases of the blood, as well as some structural abnormalities which might indicate serious problems of brain or heart function. The ability to sample fetal blood may make it possible in the future to manage drug levels in treating fetuses for infectious disease or for correcting metabolic disorders or growth abnormalities.

Patients have come to Yale-New Haven Hospital from all over the world to be tested for fetal blood disease. In many cases, the test is performed on women who fear, because of family history, that their babies will be defective. For a large percent, the test is a reassurance that the fetus is normal.

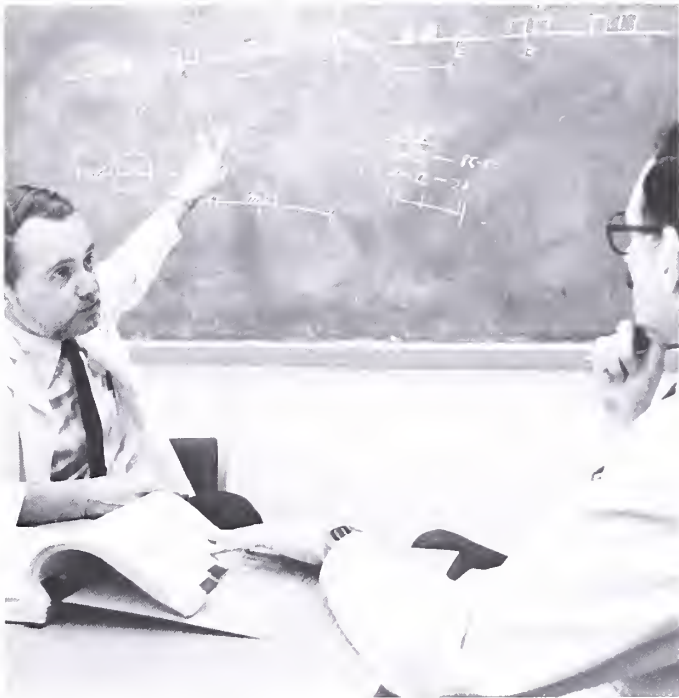
While most scientists in the Department use highly technical and specific instruments for their research, Dr. Kenneth Kidd relies on a computer and interviews with hundreds of individuals for his research projects in human population and behavioral genetics. During the past several years, he has investigated the possible contribution of genetic factors to manic depressive illness, and most recently, stuttering.

Stuttering is neither life threatening nor physically debilitating, but to more than 2,000 Americans it is an affliction which profoundly affects their lives. Although the cause for stuttering is still debated, Dr. Kidd's work suggests that susceptibility to stuttering is genetically transmitted.

To reach this conclusion he has analyzed data of 555 stutterers and more than 2,000 of their near relatives. Initial results of the study indicate that the frequency of stuttering among relatives of the 555 stutterers is much greater than the frequency in the general population. The chance that a person will stutter is greater if one or both parents had the problem at some time in their lives, Dr. Kidd noted.

Dr. Kidd's research on stuttering, as well as on manic depressive illness, has provided useful basic data for genetic counseling.





Dr. Bernard Forget, left, and Dr. Sherman Weissman are acknowledged leaders in research to define the structure-function relationships of genes. Recent studies have focused on determining the molecular genetics of human hemoglobin synthesis. Results so far have contributed useful information about thalassemia, a blood disease inherited as a recessive trait from both parents, resulting in severe anemia from infancy.

The thalassemias are a heterogeneous group of disorders characterized by absent or diminished synthesis of either the alpha or beta globin chain subunits of human adult hemoglobin. Previous work by Dr. Forget and others has shown that this disorder is associated with a decreased amount of globin messenger RNA for the affected globin chain. Current research is directed toward determining the cause of this disease.



One of the keys to comprehending genetic disorders is an understanding of the arrangement of genes on human chromosomes. Among foremost scientists in this field, Dr. Uta Francke, right, is refining a previously developed technique for "gene mapping"—determining the location of specific genes in relationship to visible regions of chromosomes. Dr. Francke compares it to determining the location of cities within counties and states.

In her research, she uses chromosomes in early stages of cell division, when they are still elongated, and thus more useful for detailed structural studies. After borders that can be distinguished by light-microscopic observation have been defined, the chromosomes are treated to make visible an underlying pattern of condensation, or a banding pattern, which is quite characteristic for each chromosome. With the use of DNA-binding stains, Dr. Francke is then able to distinguish up to 1000 different bands on 23 pairs of human chromosomes. This method displays greater detail than possible in conventional preparations, and allows the detection of smaller and less obvious abnormalities.

Dr. W. Roy Breg, left, is director of the clinical cytogenetics laboratory, which performs diagnostic chromosome studies on patients with birth defects, mental retardation, multiple pregnancy losses or infertility. The laboratory is exploring ways to use Dr. Francke's research in order to recognize previously undetectable chromosome abnormalities. The collaboration of Dr. Francke and Dr. Breg is directed toward the completion of a detailed human gene-chromosome map which will have many applications in diagnosis and counseling for genetic disorders.

WHALES!

*fascinating mankind for centuries, are found
useful for medical research*



With the enthusiasm of Ahab and his men, members of the Yale Marine Mammal Stranding and Study Center quickly respond to the first news of a whale stranding. They are a part of the Scientific Event Alert Network, a communications office in the National Museum of Natural History in Washington, D.C., and for them, a whale stranding is an important scientific event.

Whales, and other marine mammals including dolphins, seals and porpoises, become stranded or beached after they die from disease, accidents or natural cause. Only rarely are beached animals alive, and if so, their rehabilitation is infrequent.

Whales, the giant enigmatic creatures of the sea, have fascinated man since Biblical times, and a 20 or 30 ton specimen stranded on a small strip of town beach is guaranteed to draw crowds of local residents and their dogs. To a small group of dedicated scientists, however, the event is more than mere curiosity. So interested are they in the causes of the strandings that they have developed a computerized system to keep records. In 1978 alone, they recorded 486 strandings of whales, dolphins and seals.

Specialists from the Smithsonian Institution, the New York Ocean Science Laboratory, the New England Aquarium, the University of Connecticut, the National Oceanic and Atmospheric Administration and Yale University have formed a loosely organized, highly cooperative force to aid local authorities in the removal of stranded marine mammals, and to collect data and specimens important to scientific investigations. When they receive word of a stranding from the Scientific Event Alert Network, they are as likely as not to drop whatever they are doing, load their dissecting gear into a van or flatbed truck and drive, often all day and far into the night, to the site.

Dr. James Mead, assistant curator of mammals at the Smithsonian Institution and one of the foremost whale biologists in the United States, is one of the leaders. "There are 'regulars', including Dr. Mead, who are almost always present at a beaching along the Atlantic Coast," said Alden Mead (who is not related to the Smithsonian's Dr. Mead), of the Yale Marine Mammal Stranding and Study Center. "It is a very compatible group of people who share a special interest in whales. There is mutual respect. We help one another in obtaining the specimens most valuable to our particular areas of scientific research."

The Yale Center is located at the Yale Field Biology Station in Guilford, Connecticut, on Long Island Sound. The large specimens of stranded mammals, such as hearts, which might weigh as much as 150 pounds, or flippers which are often 17-feet long, are stored and studied there.

In 1979, the Center was granted a permit by the National Oceanographic and Atmospheric Administration and the National Marine Fishery Service to serve as the primary agent for collecting and disseminating stranded whale specimens along the northern east coast. In addition to Gerald Conlogue, who is an associate in research in the Section of Orthopedic Surgery, members include Dr. John Ogden, chief of the Section of Orthopedic Surgery and director of the Skeletal

Growth and Development Study Unit; Alden Mead, a lecturer and associate in research in the Department of Ophthalmology and Visual Science; and Mario Addabbo, an associate in research in cardiology in the Department of Internal Medicine.

It all started, they said, in 1976 when Mr. Conlogue and Mr. Mead became acquainted because of a mutual interest in using reptiles for their research. "I had an iguana in my lab, and Al had a cobra in his," Mr. Conlogue recalled. "Word about things like this gets around Cedar Street pretty fast, and soon we got together to share our resources and our specimens. When we heard on the radio news about a whale stranding in Groton, we didn't hesitate a minute."

Grabbing their surgical kits, they set off in a van for Groton, Connecticut, a town about two hours away from New Haven. It was an adventure from the start. After getting hopelessly lost, then mired in mud half-way up the van's wheels when they took a short cut across a potato field, they finally arrived at the site. They became aware of the futility of their surgical kits as soon as they started the awesome procedure of necropsy on the leviathan.

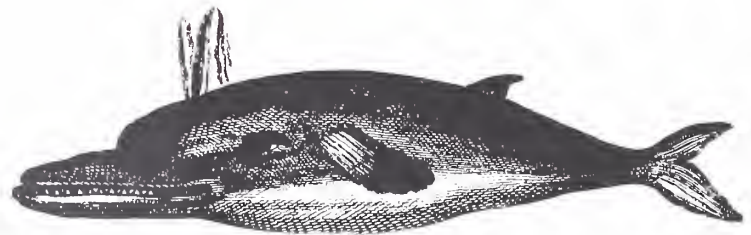
It took three days to complete the task, and as a reward they kept the head for research. "We arrived back in New Haven in the middle of the night, wondering where we would store our very large, somewhat grizzly specimen," Mr. Mead remembered. It was mid-February and quite cold. The Yale Bowl seemed a logical, out-of-the-way place for temporary storage. "We called the Campus Police and asked for permission to store a whale head in the Bowl. The officer thought it was a prank call from some exam-weary undergraduate, I guess, and said 'Okay', never believing for a minute that we were dead serious." They took the head to the Bowl, chained it to a goal post and went home for some much needed sleep.

When they returned to the Bowl the next morning to retrieve their specimen, they found it surrounded by Campus Police, New Haven police, State Department of Health officials and scores of irate neighbors. "We almost lost our prize then," Mr. Conlogue said. With the help of two tow trucks they moved the head, which was eventually stored on a remote farm in Coventry, Connecticut.

The two Yale scientists have become more sophisticated in necropsy and storage techniques, and have since expanded their stranded mammal activities. Mr. Mead served as an observer for an international whaling commission stationed in Australia; and Mr. Conlogue was a government observer aboard a Japanese vessel in the North Pacific in 1979.

Why do scientists in fields seemingly unrelated to marine life often drive all night to a distant site, with little compensation, to perform the gruesome task of dissecting and disseminating a stranded whale? "The whales, of course, are the reason," they replied. "They are fascinating."

Whales are useful research animals because of their environmental adaptations. Their size is a bonus too. "Things that are complex and subtle in some animals will be pronounced and clear, and very magnified in



With the Statue of Liberty and the World Trade Center in the background, Alden Mead, left, and Mario Addabbo, right, dissect a whale stranded in New York Harbor in early July. Mr. Conlogue is partially hidden at the lower right of photo.



Mario Addabbo with a stranding specimen in his laboratory

whales. You don't need an electron microscope to find something new," Mr. Mead observed.

Alden Mead is interested in whale eyes for experiments he is conducting on human glaucoma, a disease caused by increased intraocular pressure. "When a whale dives, there is a colossal amount of pressure. The whale must have some mechanism to deal with this," he said. "Their eyes are similar to human eyes. By learning how they function, we may learn what influences the ability to adapt to this change in pressure, and ultimately, what can be done to alter a glaucoma patient's physical environment, either mechanically or chemically, to alleviate the problem."

Gerald Conlogue, a former X-ray technician who is now a Ph.D. candidate in parasitology, and assistant to Dr. Ogden, studies stranded marine mammals for their bone structure as well as for the parasites that live on them. "I've isolated, I believe, every stage of the whale lice cycle," Mr. Conlogue said. The research is useful in telling the age of the whale, as well as for determining its health at the time of the beaching.

With Dr. Ogden, he is also studying the chondro-osseous development of the axial appendicular skeleton. For this project, he has taken unique radiographs of whale bones. Until recently, the only pictures of any detail had been drawings by early whalers of the animals they had slaughtered.

The circulatory system interests Mario Addabbo. He is studying how the whale maintains consciousness and heart function during the diving process, which causes a marked slowing down of the human heart. By injecting vinyl into the circulatory system, he has been able to trace the whale's unique vascular system, which has many interconnecting vessels. These anastomoses are rare in the human circulatory system. "Our investigation is aimed at finding out the functions of the system during the diving sequence," Mr. Addabbo explained.

In addition to their contributions to medical research, the members of the Yale Marine Mammal Stranding and Study Center have been very helpful in providing information on endangered species, according to Douglas Beach, a wildlife biologist with the National Marine Fishery Service, Northeastern Branch, in Gloucester, Massachusetts. The Service, which operates under the Marine Mammal Protection Act of 1972 and the Endangered Species Act of 1973, is responsible for protecting whales and similar endangered marine species.

Equally appreciative of the expertise of members of the stranding network are local governments where the mammals have been beached. The problem of disposing of a creature 30 to 40 feet long, weighing 20 to 30 tons, and rapidly decaying, can be formidable. It can also be dangerous.

Whales have a blubber layer which maintains body heat in a variety of environments. As stranded whales lie decomposing in the sun, the body heat gets warmer and warmer, building up tremendous gaseous pressure. Improperly handled, the whales can, and frequently do explode. "I remember one veterinarian at a necropsy in Florida," Mr. Beach recalled. "He had not had much experience in this sort of thing. He was standing atop the whale, Captain Ahab style, when he plunged the

dissecting knife into the abdominal cavity. The force of the explosion hurled him 30 feet across the wharf."

After the necropsy is completed, which takes two or three days, the parts are taken to the Smithsonian Institution, where data on the strandings are recorded. Various research groups can then apply for specimens.

In his laboratory in the Department of Ophthalmology and Visual Science, Alden Mead has a number of jars containing eye specimens retrieved from strandings. He has been on dozens of expeditions since the first adventure in Groton. "It's still tremendously exciting to me," he said.



In and About

The Campaign for Yale

As part of the University's \$370 million capital campaign, the School of Medicine's goal was \$23 million. Of this \$13 million was for new construction and other physical improvements and \$10 million was for endowment. The new endowment was to provide additional student financial aid and also eight new endowed professorships. It should be noted that the School's endowment is relatively small compared with others; e.g. the endowment of the medical school at Harvard is \$128 million; at Stanford, \$58 million; at Yale, only \$32 million (these are 1976-77 figures). In addition the School has relatively few endowed professorships for a faculty of its size and distinction.

The results of The Campaign for Yale, which concluded in June 1979, provided \$27.2 million in contributions given specifically for the School of Medicine. This can be broken down as follows:

\$13,473,000	for endowment
\$ 7,247,000	for current use including student loans, faculty salary support, and equipment
\$ 6,477,000	for new construction, including the Nathan Smith bridge and additions to Winchester and Hunter

Five new endowed professorships were established during the campaign; these are:

the Maurice Falk Professor in the
Child Study Center
the Donald Guthrie Professor of
Surgery
the Dorys McConnell Duberg
Professor of Neuroscience
the Charles B.G. Murphy Professor
of Psychiatry
the John F. Enders Professor of
Pediatric Infectious Disease

Alumni of the School of Medicine gave over \$6 million in gifts and irrevocable pledges. Corporations and foundations accounted for about \$7 million. The balance was from individuals including several non-medical graduates of Yale College.

In spite of the success of this recent campaign, there are unmet needs at the School, and active fund raising must continue through the Yale-New Haven Medical Center office of Development and the Yale Medical School Alumni Fund. The most important of these unmet needs are: (1) additional endowment for professorships (as noted above the School has relatively few), and (2) student financial aid funds. As noted by Dean Berliner: "The School has demonstrated an estimable ability to earn foundation and federal support. About two-thirds of our income is through grants and contracts from these sources. While this is reason for satisfaction, it is also a cause for great concern. Because of the uncertainty of this funding, it has become increasingly clear that endowment for faculty salaries and student aid is urgently needed if we are to maintain the quality that has earned the School its distinguished reputation."

In addition to endowment funds, there is need for money for additional physical improvements especially for educational facilities and the medical library. Many of the School's buildings are half a century old. Classrooms and seminar rooms are inadequate to meet current needs. Renovations have had to be postponed because of inflation and the serious financial hardship it has brought to all private universities. We can wait no longer to improve our educational facilities, and a plan has been developed to renovate the Hope Building for this purpose at a cost of \$1.7 million.

New Lectureship Honors Dr. Yochelson '36

Dr. Bernard L. Diamond, professor of law and clinical professor of psychiatry at the University of California, delivered the inaugural Samuel Yochelson Lecture in Psychiatry and Human Development on April 17. The new lectureship honoring Dr. Yochelson, a distinguished research psychiatrist, was established through the Dr. Samuel and Kathryn Yochelson Fund at the Yale School of Medicine.

In 1961, after practicing psychiatry in Buffalo, N.Y. for many years, Dr. Yochelson began a new career as director of a research program in criminal behavior at St. Elizabeth's Hospital in Washington, D.C. The results of thousands of hours of interviews with more than 200 criminals are presented in a three-volume work, "The Criminal Personality", of which two have been published to date.

In addition to his research at St. Elizabeth's Hospital, Dr. Yochelson also was clinical professor of psychiatry at the George Washington University School of Medicine. A graduate of the University of Buffalo, he received a Ph.D. degree in 1930, and an M.D. degree in 1936, both from Yale University.

The Yochelson Fund was established in 1976 by Dr. Yochelson's wife, Mrs. Kathryn Yochelson, their children, Bonnie Ellen and John Yochelson, and Dr. Yochelson's brother, Dr. Leon Yochelson. The purpose of the Fund is to stimulate an understanding of human development, particularly in the fields of antisocial and criminal behavior, through lectures and related seminars and meetings.

The topic of Dr. Diamond's lecture was "The Forensic Psychiatrist—His Identity, Role, and Function". Dr. Diamond, who is a graduate of the University of California Medical School and the San Francisco Psychoanalytic Institute, has published extensively in the fields of forensic psychiatry, criminal behavior and related issues concerned with psychiatry and law.

Dr. Spock was Esselstyn Fellow for 1980

Dr. Benjamin M. Spock, known to parents throughout the world as "the baby doctor", was the Third Caldwell B. Esselstyn Fellow of the Department of Epidemiology and Public Health. The 77-year-old pediatrician, author and political advocate spent three days in late March on the Yale campus expressing to students and faculty his views about child rearing, war, and nuclear energy, and reminiscing about his childhood in New Haven and student days at Yale. On Thursday, March 27, he delivered the Caldwell B. Esselstyn Lecture on "Health and the Spirit of Man", which was followed by a reception in the new student lounge. During the fellowship, Dr. Spock was the guest of Morse College.

The Esselstyn Fellowship was established by the Esselstyn Foundation to honor the late Dr. Esselstyn, Yale Class of 1925, and to bring to the Yale community the opportunity for dialogue on social and ethical issues as they affect health and the quality of life. Fellows are selected from among those whose work has influenced present public debate on health care policies, whether or not they are directly concerned with the delivery of health care services.



Dr. Spock with medical and public health students

Congratulations—Class of 1980

The 279th Commencement of Yale University was held on Sunday, May 25, under a brilliant blue sky. Following the traditional ceremony on the Old Campus, medical and public health graduates returned to the Medical Center for degree presentation ceremonies.

At a ceremony held in Mary S. Harkness Auditorium, 101 medical graduates and their guests were greeted by Dr. Howard Levitin, associate dean and director of student affairs. Dr. Philip Felig delivered the commencement address in which he advised the new physicians to recognize the importance of communicating with their patients in a meaningful way (see page 2).

Dr. James Comer, associate dean, presented prizes and awards, and Dean Robert Berliner awarded degrees, including six joint M.D./Ph.D. degrees and four joint M.D./M.P.H. degrees.

Under the blue and white striped tent that has become symbolic of the Epidemiology and Public Health graduation ceremony, Dr. Robert W. McCollum welcomed the graduates and their families and friends. Kathleen Howe, '56, retired assistant dean, presented degrees to 98 M.P.H. graduates; three Ph.D. graduates; and one Doctor of Public Health graduate.

Dr. Colin White, Ira Vaughn Hiscock Professor of Public Health, delivered the commencement address. Prizes and awards were presented by Dr. Lowell Levin, Dr. Arthur Viseltar and Dr. James Jekyl.

Dr. Gershon Elected to the National Academy of Sciences



Dr. Richard K. Gershon has been elected a member of the National Academy of Sciences in recognition of his distinguished and continuing achievements in original research. Dr. Gershon, professor of pathology and biology, is a leading scholar in cellular immunology.

Election to membership in the National Academy of Sciences is considered one of the highest honors that can be accorded an American scientist or engineer. Established in 1863 by a Congressional Act of Incorporation signed by Abraham Lincoln, the Academy is a private organization of scientists and engineers dedicated to the furtherance of science and its use for the general welfare. It acts as an official advisor to the federal government, on request, in any matter of science and technology.

Dr. Gershon has made several outstanding contributions to the field of immunology—the most significant being the discovery of specific suppressor T cells, and their function in inducing and maintaining immune responses. Further, he has demonstrated the role these cells play in the genetic

control of immune responses and immunotolerance.

Dr. Gershon received his B.A. degree cum laude from Harvard College in 1954, and his M.D. degree from Yale University in 1959. A member of the School of Medicine faculty since 1964, he was appointed professor of pathology and chief of the Division of Immunology in 1976.

Yale-New Haven Medical Center, Inc. Appoints a New Director of Development

Roger L. Campbell has been appointed director of development for the Yale-New Haven Medical Center, Inc. He succeeds James W. Lambert who has been appointed vice president for development at The Children's Hospital Medical Center, Boston.

Mr. Campbell is responsible for fund raising programs in behalf of Yale-New Haven Hospital and the Yale Schools of Medicine and Nursing. A member of the Medical Center's development staff since 1976, he is a graduate of The Episcopal Academy and Princeton University.

Honors and Awards Here and About

The Francis Gilman Blake Award is presented annually by the graduating medical school class to the outstanding teacher of the medical sciences. The award this year was presented to **Dr. Thomas P. Duffy**, associate professor of medicine.

Dr. Kim Eagle, an intern in medicine, and **Dr. David Meyerson**, a second-year resident in medicine, received the *Samuel D. Kushlan Awards*. Established in 1969, the awards recognize the intern and second-year resident who have contributed the most to patient care during rotation through the Memorial Unit Medical Service. Selection of recipients is made in consultation with the clinical faculty and the nursing service.

The Benedict R. Harris Award, established in 1967, was presented to **Dr. Steven J. Mason**, clinical instructor of medicine. The award is made annually to the private physician who has contributed the most to the teaching of the house staff. Selection is made by first-year assistant residents.

Dr. Fred Schiffman, assistant resident in medicine, received the *Betsy Winters House Staff Award*, presented annually to the member of the house staff of the Yale-New Haven Hospital who has made the most significant contribution toward education of medical students. The selection is made by the senior class.

Two fourth-year medical students, **Gary Greenwald** and **Maria White**, were the recipients of the *Schwartz Award of the American College of Legal Medicine*, given annually for the best student essay on the history of legal medicine. The award was presented in May at the College's annual meeting, where the students read their essays. Mr. Greenwald's work, "Medicolegal Progress in Inquests of Felonious Deaths: Westminster, 1761-1866", and Miss White's essay, "Westminster Inquests", were their M.D. dissertations. Research for the essays involved study of a large series of coroners' inquisitions stored in the Muniment Room of Westminster Abbey, London.

Publication Available on the "Year of the Child"

The Yale Child Study Center has announced the publication of the "Proceedings of the International Year of the Child Conference, Child Advocacy, 1979", held at Yale University in June 1979. Among the topics covered are "The Family: Structure and Support Systems"; "Privacy-Records and Information Systems"; "The Television Environment: Hazards and Potentialities for the Growing Child", and "Juvenile Offenders". Copies of the book are available from the Child Study Center, 333 Cedar Street, New Haven, Connecticut 06510, for \$7.95 a copy. If books are to be mailed, there is an additional charge of \$1.03 for postage.

Faculty Notes

Dr. Wayne O. Southwick, professor of surgery (orthopedic), has been elected to the Johns Hopkins University's Society of Scholars. The society honors former Johns Hopkins postdoctoral fellows who have gained marked distinction in their fields of academic or professional interest.

At its annual meeting in May, the American Heart Association honored **Dr. Lawrence S. Cohen** as "Man of the Year" for his outstanding contributions to the Association and to the field of cardiology. Dr. Cohen, who is professor of medicine, has been active in the American Heart Association for most of his career and is president of the New Haven chapter. **Dr. William W.L. Glenn**, Charles W. Ohse Professor of Surgery, and past president of the American Heart Association, was a guest speaker at the awards dinner.

Dr. George E. Palade, chairman and professor of the Section of Cell Biology, was one of four new members elected to the Council of the National Academy of Sciences. He will begin a three-year term on July 1.

The American College of Psychiatry presented the Stanley R. Dean Research Award to **Dr. John Strauss**, professor of psychiatry. The award for "outstanding research in schizophrenia" was given to Dr. Strauss and his colleagues, Dr. William Carpenter and Dr. John Bartko, at a recent meeting of the American College of Psychiatry held in San Antonio, Texas.

The Corporation of the Gorgas Memorial Institute of Tropical and Preventive Medicine has re-elected **Dr. Wilbur G. Downs** to its Board of Directors for a three-year term. Dr. Downs is clinical professor of epidemiology.

Dr. Joseph R. Bertino, professor of medicine and pharmacology, was William N. Creasy Visiting Professor of Clinical Pharmacology at Temple University School of Medicine during the week of April 6. During that time he lectured and discussed subjects related to clinical pharmacology with medical students, faculty and house staff, and delivered the Creasy Memorial Lecture on "The Search for Improved Folate Antagonists in Cancer Chemotherapy".

Dr. Ezra E.H. Griffith, assistant professor of psychiatry, has been chosen as one of 42 outstanding professionals to receive a three-year fellowship from the W.K. Kellogg Foundation of Battle Creek, Michigan. The purpose of the Kellogg Fellowship is "not to deepen professional specialization, but rather to broaden individual perspectives of people, places and ideas." Dr. Griffith has been a member of the Yale faculty since 1977.

Dr. Thomas Forbes, Ebenezer K. Hunt Professor Emeritus of Anatomy, and senior research scholar in the History of Medicine, has been elected a Fellow of the Society of Antiquaries of London. Commenting on this honor, Dr. Forbes said, "I don't know what this proves, although I am very pleased and am entitled to put 'F.S.A.' after my name. Most people have never heard of this organization and need a dictionary to tell the difference between an antiquary and an antique. I suspect the difference is small."

The American Psychiatric Association honored **Dr. Albert J. Solnit** with the Agnes Purcell McGavin Award. The award was established in 1961 in memory of Dr. McGavin to honor those who have made outstanding contributions to the prevention of mental disorders in children. Dr. Solnit is Sterling Professor of Pediatrics and Psychiatry and director of the Child Study Center. He received the award during the American Psychiatric Association's annual Convocation of Fellows in San Francisco.

Encouraging Report on Treating Lyme Disease

For the first time since they initially described it in 1976, Dr. Stephen Malawista and Dr. Allen Steere have reported encouraging findings from their research on Lyme disease. Penicillin therapy significantly reduces symptoms when administered in the early stages of the illness. Furthermore, although the cause of the disease remains unknown despite intensive research, the fact that antibiotics alleviate the symptoms greatly diminishes the possibility that it is virus related.

Lyme disease, named after the small Connecticut town where it was discovered, has affected more than 500 people along the Atlantic coast from New Jersey to Massachusetts, and in Oregon, Wisconsin and California. The majority of cases reported have been concentrated in Connecticut, east of the Connecticut River.

The Yale investigators are reasonably certain that Lyme disease is transmitted to humans by bites from a newly described tick, *Ixodes dammini*. The tiny tick has been found in approximately the same areas where cases of the disease have been reported.

The illness usually begins in early summer with a skin lesion, erythema chronicum migrans, which often expands from a small red bump to a diameter of 20 inches or more, and is followed by chills, fever, headache and stiff neck. Last summer the investigators

reported that neurological and heart problems, and arthritis had developed in some patients weeks to months after they were presumably bitten by the tick.

In an article prepared for the July 1980 issue of the *Annals of Internal Medicine*, Dr. Steere, who is principal investigator of Lyme disease research, reported that the duration of the skin lesion and associated symptoms are significantly reduced, and arthritis is either less severe, or may be prevented when antibiotics are administered during the early stages of Lyme disease. His findings are based on a study from 1976 through 1979 of 113 patients.

The skin lesion and related symptoms usually lasted only two to four days for patients who received penicillin or tetracycline,

while untreated patients were affected for 8 to 10 days. Twelve of the 42 patients who received antibiotics later developed arthritis, compared to 34 of 55 untreated patients. Similarly, in a 29-month follow-up study of 15 patients who developed arthritis, it was found that duration of joint swelling was four times longer for patients who did not receive penicillin.

Summarizing the report, Dr. Steere recommended prompt treatment with oral penicillin after the onset of the skin lesion characteristic of Lyme disease. However, it is not yet clear whether penicillin is the antibiotic of choice, nor whether patients with later manifestations of the disease should receive antibiotics, he noted.



The Yale School of Medicine Softball Team recently received a plaque proclaiming them winners of the 1979 Annual New England Medical School Softball Tournament. Medical Schools of Harvard, Brown, Tufts, Dartmouth and Yale participate in what one Yale player termed "a one-day ordeal" of four games, played in Providence, Rhode Island. To win the tournament, a team must win all of the games. Members of the winning 1979 Yale team are shown above with their mascot "Buddy".

Alumni News

A Response from an Alumni Fund Class Agent to a Letter from an Alumnus

February 8, 1980

Dear Dr. _____ :

This will acknowledge your letter of January 22, 1980. I have purposely delayed my response so that I could thoroughly reflect on your interesting questions. Additionally, it gave me an opportunity to talk with personnel at the Yale Alumni Fund.

I will now comment on your first two questions. Why are the responses (contributions) to the Yale Alumni Fund so low, and does Yale University have the answer?

I have always regarded a charitable contribution as a very personal and private act. There may be many different reasons to explain why one graduate contributes to the Alumni Fund and another does not, and why one graduate contributes \$350.00, and another gives \$100.00. It may go all the way back to childhood and what was taught and what was observed about charity in the home. It may relate to one's loyalty or "warm feeling" about an institution where an education was obtained, and how that education "stood up" and provided an income during the subsequent years that unfolded. Or perhaps there are individual reasons, such as two divorces and the resulting alimony payments, poor health (one of our classmates has oat cell carcinoma of the lung), four children in college at one time, etc. I doubt that personnel at Yale University have the answer. If they did, it would certainly be a readily marketed commodity, as many other institutions, such as the United Fund, Boy Scouts of America, the First Congregational Church of Greenfield, Massachusetts, etc., would be eager to learn the secret "combination", or even purchase the concept.

Relative to your last question, "How much does the University spend for each dollar contributed?", the Yale Alumni Fund charges each graduate school a nominal ten percent of the amount of monies raised. Stated differently, Dean Berliner is provided 90 percent of each contribution received.

I sincerely hope that this letter will be informative and reassuring. I want to commend you on doing the right thing by contributing to the Yale Alumni Fund. Please do not become disenchanted with our other classmates.

Sincerely yours,

class notes

1945

Raymond Gagliardi became secretary of the American Roentgen Ray Society at its recent annual scientific meeting in Las Vegas. The Society, composed of more than 3000 radiologists, was founded to promote scholarship, continuing education and continuing scientific and professional development of its membership.

Dr. Gagliardi is chief of radiology at St. Joseph Mercy Hospital in Pontiac, Michigan and associate attending radiologist at Detroit General Hospital. He is also an associate clinical professor of radiology at Wayne State University and a Fellow of the American College of Radiology.

1948

C. Arden Miller, former president of the American Public Health Association and currently chairman of the Department of Maternal and Child Health at the School of Public Health of the University of North Carolina at Chapel Hill, has been named to chair the Board of Directors of the Alan Guttmacher Institute. The Institute, an agency for research, policy analysis and public education in the field of population and family planning, is based in New York

and Washington.

Dr. Miller was a member of the pediatrics faculty and Dean of the School of Medicine at the University of Kansas before joining the University of North Carolina in 1966 where he became professor of pediatrics and maternal and child health and Vice Chancellor for Health Sciences.

The Alan Guttmacher Institute, a special affiliate of the Planned Parenthood Federation of America, publishes a journal and newsletters relating to policy, legislative and judicial developments in its field here and abroad. Its research projects are supported by private foundations and individual donations or performed under contract to federal agencies.

1959

Muriel Wolf of Washington, D.C., was one of seven new members elected to the Board of Governors of the Association of Yale Alumni by the delegates at Assembly XV held in New Haven recently. These new members will serve a three-year term.

At the thirty-first Annual Meeting of the Yale Medical Library Associates in May, **William Butterfield** was guest speaker. Dr. Butterfield, a general surgeon with a long-standing interest in medical art, spoke on the medical caricatures of Thomas Rowlandson. His talk was particularly relevant because of the Yale Historical Library's many treasures of medical art, including the very fine collection of Clements C. Fry Medical Prints, many of which were executed by Rowlandson.

1960

Victor Altshul has been promoted to associate clinical professor of psychiatry at Yale. He has been in private practice in New Haven since 1967 and has served as an assistant clinical professor. He participates in the Yale psychiatric residency training program.

1961

Philip Felig has been named Samuel Bard Professor and chairman of the Department of Medicine at Columbia College of Physicians and Surgeons and chief of Medicine at Presbyterian Hospital in New York City. On May 18, Dr. and Mrs. Felig were honored at a dinner sponsored by the Yale Department of Internal Medicine and the New Haven Jewish Federation.

Dr. Felig has been vice-chairman of the Department of Medicine since 1975 and in 1978 was named C.N.H. Long Professor of Medicine. Both Dr. and Mrs. Felig have been very active in Jewish community affairs and at the dinner, Dr. Samuel Thier, chairman of Internal Medicine remarked: "It is historic that the University and the Federation should join together to collectively pay homage. The 'coming together' reveals the outstanding qualities of the Feligs to become leaders in both the world of medicine and Jewish community life, and do it so comfortably and well."

1964

Remo Fabbri, Jr. was recently elected to the position of president of the New England Society of Clinical Hypnosis which is composed of over two hundred physicians, dentists, and psychologists utilizing hypnosis as an adjunct therapy in their treatment of patients. Dr. Fabbri, a practicing psychiatrist/psychosomaticist, has pioneered in the use of hypnosis and behavior therapy in the treatment of sexual problems, and is the author of "The Behaviorist's Kit for the Use of Guided Phantasy in Sexual Therapy." He is also co-producer of the audiovisual series entitled "Sexual Compatibility: The Sensual Cycle of Life."

1965

Robert McMeekin was one of the principal speakers at the 188th Annual Meeting of the Connecticut State Medical Society held this past spring in Hartford. Dr. McMeekin, who holds a law degree, was a guest at the informal discussion of the Section on Forensic Medicine and later, at the general scientific program, he spoke on "Dead Men Tell Tales—A Pathological Reconstruction of an Airplane Disaster."

Dr. McMeekin, who holds the rank of Lieutenant Colonel, Medical Corps US Army, is Chief of the Aerospace Division, Armed Forces Institute of Pathology and is an associate professor at the Uniformed Services University of the Health Sciences, in Washington, D.C.

1968

Robert Dillard was promoted on July 1 to associate professor of pediatrics at Bowman Gray School of Medicine where he has been a member of the faculty since 1976. He is co-director of the Intensive Care Nursery at North Carolina Baptist Hospital, the principal teaching hospital of Bowman Gray, and his research interests are in behavior assessments of infants. Dr. and Mrs. Dillard have three children.

1971

Elizabeth Morgan, who now practices plastic surgery in Washington, D.C., is the author of "The Making of a Woman Surgeon" published in June by G. P. Putnam Sons, New York. This book is a vivid account of her years as a medical student and surgical house officer. A condensation appeared in the June issue of *Reader's Digest*.

1972

Felix Freshwater wrote early in the year that he is currently on the faculty of the University of Miami School of Medicine in the Division of Plastic Surgery and deeply involved in the plastic surgery residency program. Accompanying his letter was a newspaper article describing a 12-hour operation using microsurgical techniques to repair the severely damaged face and scalp of a six-year-old boy who had been mauled by a pit bull terrier. Dr. Freshwater, one of eight surgeons who participated in the operation, trained in plastic surgery at Johns Hopkins and in microsurgery at the University of Louisville. He is on the staff at Jackson Memorial Hospital in Miami.

1973

William McBride has been appointed an assistant professor in the Department of Medicine at the State University of New York Downstate Medical Center in Brooklyn. He plans to continue clinical work in gastroenterology and his research in intestinal transport and absorption.

James Sullivan noted in a recent letter that in July he would be entering an established internal medicine and rheumatology group practice with offices in Mystic and New London, Connecticut. He also was planning to move from Branford to Waterford early in September.

1974

David Grant wrote from San Antonio, Texas in May seeking the whereabouts of several of his classmates and also to say that he was to be married to Judy Garza New on May 31. Dr. Grant is with the San Pedro Medical Clinic in San Antonio.

Frank Brown, Jr. is the new director of the Emergency Department at Washington (D.C.) Hospital Center, the largest acute care teaching hospital in the metropolitan area. Dr. Brown who has served as acting director of the department since January, will supervise five full-time physicians, three physician's clinical associates, and residents from the medical, surgical, and obstetrics/gynecology services, and will maintain active participation in the D. C. Emergency Medical Services, which provides paramedic training. Physician coverage of the department is provided by a Philadelphia-based corporation which provides emergency room service in 20 east coast hospitals, the NEEMA Emergency Medical Association, of which Dr. Brown is a member.

From 1977 to 1979 Dr. Brown had been a clinical associate at the National Heart, Lung, and Blood Institute of the NIH, and before assuming his new position, was chief of the department's Division of Education.

1978

Steven Shoum has been appointed chief resident of the Department of Anesthesiology at the New York Hospital-Cornell Medical Center.

House Staff

1952

Virginia Scholl wrote in May: "I am delighted to be able to share the news . . . that the American Lutheran Church has extended a call to me, requesting my services as a medical missionary in Garoua Boulai, Cameroon, Africa. I am even more delighted to be able to tell you that I have accepted the call. As of June 18, 1980, I will be closing my office here in Seattle, taking a leave of absence for three years."

Dr. Scholl noted that correspondence may continue to be sent to her office in Seattle, Washington, for the next several months.

1955

Arthur Donovan, professor of surgery at the University of South Alabama College of Medicine in Mobile, has been named chairman of the Department of Surgery at the School of Medicine.

Public Health

1973

Eva Cohen has been appointed business manager for the Medical Group of the Georgetown University Community Health Plan in Washington, D.C. and is now living in Bethesda, Maryland.

1977

Alonzo Plough, assistant professor of health care management at Boston University Graduate School of Management, has been chosen as one of 42 outstanding young American professionals to receive a three-year fellowship from the W.K. Kellogg Foundation of Battle Creek, Michigan.

In Memoriam

ex '25 M.D.	Gerald E. Kohler, M.D., June 14, 1979
'34 M.D.	Simon Koletsky, May 16, 1980
'34 M.D.	Frank L. Marting, January 31, 1980
'35 M.D.	Bernard S. Dignam, June 19, 1980
'35 M.D.	Louis E. Silcox, June 1, 1980
'38 M.P.H.	Richard O'B. Shea, date unknown
'45 M.D.	John H. Flynn, June 3, 1980
'46 M.P.H.	R. Edward Vioni, M.D., December 3, 1979
'49 M.P.H.	Mrs. Gerald D. Groden, January 24, 1980
'54 M.D.	Frederick J. Lind, Jr., February 27, 1980
'61 M.P.H.	George I. Glover, March 14, 1980

PLAN NOW TO ATTEND
Medical Alumni Weekend—
June 5 and 6, 1981

A Call From Another Time

The Western States 100 Mile Endurance Run

William O. Minturn, M.D., '52

This article was reprinted, with permission, from the road racer, Volume 1, No. 4, May 1980.



A dramatic view of part of the terrain covered in the Western States 100 Mile Endurance Run

On July 7th, 1979, at 5:00 A.M., in Squaw Valley, California, I started the toughest footrace on earth; one hundred mountainous miles from Squaw Valley to Auburn, California, over the rugged High Sierra Western States Trail. First traversed by the fleet-footed Pahute and Washoe Indians, the course climbs over snowy ridges and dips into deep canyons where the temperatures register above 100 degrees.

In preparation for the race, I had been running one hundred miles per week for six months with twenty-mile runs on weekends. During this time I also had run five marathons. Because of this, the race committee waived their usual requirement of a fifty-mile run finished in ten hours or less. Runners for this year's race came from Australia, New Zealand, East Germany, West Germany, England and twenty-six of our United States. The average age was 35 years.

Volunteers, including doctors, nurses, paramedics and even a podiatrist, manned the five major check stations. The runner's weight, pulse, and blood pressure were checked by a medical team headed by Dr. Robert Lind. A 10 percent loss of body weight would cause disqualification of the runner due to dehydration. Decisions of the medical team are final. The runner must also reach each major check point within a prescribed time. Runners who exceed the cut-off time at any location would be disqualified and not permitted to continue.

Rocky footing, extremes in temperature ranging from 35 degrees Fahrenheit at the start to over 100 degrees Fahrenheit at the finish, plus an altitude variation of 9,000 feet to 1,000 feet, make this the most arduous ultra-marathon in the world. There is an altitude gain of 17,000 feet and a 22,000 foot altitude loss during the 100-mile course. To adapt to the cold, I started the race with a plastic garbage bag over two T-shirts, long cotton socks with holes cut for the fingers on my hands, a tennis hat, and, for insulation, vasoline smeared on my exposed legs.

The first available water was at 16 miles. I adjusted for this by carrying two plastic inflatable belts containing two quarts of electrolyte sugar solution. For proper hydration, I tried to average 200 cc. of fluid every twenty minutes. This maintained my weight constant throughout the race. For potassium and carbohydrate, I ate bananas and grapes which I had available at each check point.

While running through the mountain forest, thirteen miles into the race, I encountered a four hundred pound brown bear crossing the trail about three hundred feet in front of me. I stopped immediately. Fortunately, since I carried no food or candy, the bear just gave me a passing glance and continued on its way.

The next unexpected event occurred in Deep Canyon, forty-five miles into the race, when I suddenly found myself confronted by a prospector sitting on the front porch of a cabin. For most of the race I was not in sight of another runner. I ran the entire race by myself including the portion run at night. To keep me on

course, I followed footprints as well as the yellow trail markers which brought me to the prospector. "Stay Out" signs were posted all around his property and when I approached his gate, he shouted, "Get out of here!" "But where do I go?" I asked.

"Turn left at that big oak tree," was the reply.

"What oak tree?" I exclaimed. At this point the prospector went inside and slammed his door. With this, I backed out of the place, noting another yellow plastic streamer and proceeded down the trail.

At the fifty-mile check point, Last Chance, I was again weighed and medically checked. I had decided prior to the race to continue according to how I felt at this point. I felt strong and elected to continue on with the race. I picked up a flashlight here from my supply box since it would be dark before I traversed the two most difficult canyons, American and Eldorado.

By the time I arrived in the Eldorado Canyon it was dusk and required the use of a flashlight. While running on the side of the canyon following the yellow trail markers, I suddenly realized I was lost. Someone had changed the course markers. I was stumbling over small bushes and trees. I finally decided to retrace my steps. This led me back to another side trail marked Eldorado Mine.

At Michigan Bluff I had the usual bananas and grapes and picked up a new flashlight. Leaving the check point, I was running alone in pitch-black darkness with the trail illuminated by the small beam of light. Fatigue and the darkness play tricks on your imagination. Shadows on the trail look like giant spiders and sticks look like snakes. The silence is broken only by the crashing of animals in the underbrush. One can only imagine what they are.

The village of Foresthill, seventy miles into the race, was arrived at in the darkness. There I met my wife. She followed me for about three miles. The light from the Bronco illuminated the only pavement in the race, saving the battery on the flashlight picked up in Michigan Bluff. Then, again I plunged into the darkness of the trail heading for White Oak Flats. Still in darkness, I left White Oak Flats and ran down the rock trail leading to the American River Crossing. The rocky ledge was fifty feet above the river and one false step would have sent me hurtling into the dark raging waters below. There were several sheer rock surfaces which I had to slide down on this trail.

The sun was up when I arrived at the Rucky Chucky crossing of the American River. I crossed barefooted on the rocky bottom carrying my socks and shoes in one hand, and holding onto the steel fifty-yard cable with the other. This was the way in which they crossed these raging waters in '49. The water was ice cold, but by this time most of the feeling had left my body. On the far side someone said that my feet were blistered and attempted to put on bandaids, but due to dirt they would not stick. I grabbed a handful of vasoline and smeared my feet, put on the socks and shoes and took off.

The temperature was now 100 degrees, and there were more miles to climb. When I arrived at the Meadows, the last check point, I recall the physician asking what I had on my legs and back. "That's mud," was the reply.

With four miles to go, a pace runner was assigned to help me the rest of the way. "No Hands Bridge", with a 150-foot drop into a canyon had to be crossed. Then, finally, a chalked-lined street led to the Placier High School Stadium and around the quarter mile track to the finish line. This is where the adventure ended for ninety-eight runners.

At the finish line, Captain Frank Bozanich of the U.S. Marine Corps, national record holder at 100 kilometers, handed me his Coke. With a sideward glance at me, he said, "Here, you need this worse than I do." A member of the race committee said, "We want you back next year." I had to collect my thoughts quickly to reply. "I will have to give that a lot of careful consideration."

This ended an answer to a call from another time—a rare opportunity to go back to the '49's. Today, there are few places where this is possible.

Since this report, Dr. Minturn has run the American Medical Joggers' Association 50-mile marathon in Chicago, and in June, the Comrades' Marathon (62 miles), in South Africa.—ed.



Dr. Minturn crossing the finish line of the Honolulu Marathon, 1978

First Year Postgraduate Medical Education Appointments

Class of 1980

Name of Student	Type of Position	Hospital
David Edward Adelberg	Surgery	George Washington University Hospital, Washington, D.C.
Eduardo Alfonso	Internal Medicine	Mt. Sinai Hospital, Miami, Florida
Seth Leo Alper	Internal Medicine	Beth Israel Hospital, Boston, Massachusetts
Frederick Rupp Aronson	Internal Medicine	Rhode Island Hospital, Providence
Alan Bennett Astrow	Internal Medicine	Boston City Hospital, Boston, Massachusetts
David Allen August	Surgery	Yale-New Haven Hospital
Milton Frank Austin	Internal Medicine	University of Chicago Clinics, Chicago, Illinois
Peter Axelrod	Internal Medicine	Temple University Hospital, Philadelphia, Pennsylvania
Jay Matthew Baraban	Flexible	Hospital of St. Raphael, New Haven, Connecticut
Jeffrey K. Beall	Surgery	University of Colorado Affiliated Hospitals, Denver
Sittiporn Bencharit	Internal Medicine	McGaw Medical Center-Northwestern University, Chicago, Illinois
Mark Steven Bernhardt	Internal Medicine	University of Alabama Medical Center, Birmingham
Jean Lynn Bologna	Internal Medicine	Yale-New Haven Hospital
Paul Mitchell Brager	Internal Medicine	Hospitals of the University Health Center, Pittsburgh, Pennsylvania
Craig Lamarr Brooks	Internal Medicine	University of Colorado Affiliated Hospitals, Denver
Beethoven Brown	Surgery	Beth Israel Hospital, Boston, Massachusetts
Patricia Church Brown	Surgery	New York University-University Medical Center New York
Daryl Fraser Browne	Internal Medicine	St. Mary's Hospital, Waterbury, Connecticut
Stuart Lowell Bursten	Internal Medicine	Boston City Hospital, Boston, Massachusetts
Michael Warren Champeau	Pediatrics	University of California Hospital, Los Angeles
Stephen Daniels Cohen	Pediatrics	Children's Hospital, Oakland, California
Stephen Roy Davenport	Surgery	Yale-New Haven Hospital
Thomas Francis Deering	Internal Medicine	Yale-New Haven Hospital
Gary Vincent Desir	Internal Medicine	Yale-New Haven Hospital
Claudia Dinan	Internal Medicine	Johns Hopkins Hospital, Baltimore, Maryland
Jeffrey Neil Dornbusch	Pediatrics	Yale-New Haven Hospital
Forrest John Doud	Pediatrics	Yale-New Haven Hospital
Francis W. Drislane	Internal Medicine	Boston City Hospital, Boston, Massachusetts
Deborah Elizabeth Dyett	Internal Medicine	Yale-New Haven Hospital
Stephen Gould Emerson	Internal Medicine	Massachusetts General Hospital, Boston
Paul Arthur Epstein	Internal Medicine	McGaw Medical Center-Northwestern University, Chicago, Illinois
Jeffrey Clayton Faig	Internal Medicine	University of California Hospital, San Francisco
Barbara Gately Fallon	Internal Medicine	Beth Israel Hospital, Boston, Massachusetts
Warren Ross Federgreen	Pathology	New York University-University Medical Center, New York
Joseph Flake	Surgery	University of Minnesota Hospital, Minneapolis
John Michael Freedman	Internal Medicine	University of California Hospital, San Francisco
Cynthia Baldwin French	Pediatrics	Massachusetts General Hospital, Boston
David M. Gaba	Internal Medicine	Waterbury Hospital, Waterbury, Connecticut
Todd Jeffrey Garvin	Surgery	Washington University Affiliated Hospitals, St. Louis, Missouri
Marc Frederic Glickstein	Internal Medicine	Yale-New Haven Hospital
David Eric Goland (M.D., Dec., 1979)	Internal Medicine	Peter Bent Brigham Hospital, Boston, Massachusetts
David Jay Goldberg	Flexible	Overlook Hospital, Summit, New Jersey
Nancy Sue Goldman	Surgery	University of California-San Diego Affiliated Hospitals, San Diego
Jon W. Gordon	Biology	Yale University
David Phillip Wayne Gowdy	Internal Medicine	New Jersey Medical School, Newark
Gary I. Greenwald	Internal Medicine	Yale-New Haven Hospital

Name of Student	Type of Position	Hospital
Alix Handelsman	Pediatrics	Children's Hospital, Washington, D.C.
John Frederick Harper	Pediatrics	Yale-New Haven Hospital
Christopher Gregory Henes	Internal Medicine	New York University-Bellevue Hospital, New York
Mary Claire Hill	Family Practice	Highland Hospital, Rochester, New York
Howard S. Hochster	Internal Medicine	New York University-Bellevue Hospital, New York
Ann McCallum Hoefer	Surgery	Yale-New Haven Hospital
George B. Holmes, Jr.	Surgery	Presbyterian Hospital, New York, New York
Jonathan Honigsbaum Holt	Psychiatry	Yale-New Haven Hospital
Joseph Efebare Imarah	Internal Medicine	Los Angeles County Hospital, Los Angeles, California
Jonathan Lewis Jacobs	Internal Medicine	The New York Hospital, New York
Jay Arthur Jensen	Surgery	Stanford University Hospital, Stanford, California
Barry Matthew Kacinski		Yale University Graduate School
David Alan Kass	Internal Medicine	George Washington University Hospital, Washington, D.C.
Mary C. Kornei	Internal Medicine	Stanford University Hospital, Stanford, California
Sidney Phillip Lee	Psychiatry	The New York Hospital, New York
Theodore Wendell Marcy	Internal Medicine	Strong Memorial Hospital, Rochester, New York
Suzanne Masako Matsui	Internal Medicine	Stanford University Hospital, Stanford, California
Michael Edward May	Internal Medicine	University of Virginia Medical Center, Charlottesville
Marilyn Sue Milkman	Obstetrics & Gynecology	University of Colorado Community Hospital, Denver
Cesar R. Molina Dapena	Internal Medicine	Stanford University Hospital, Stanford, California
Robert Meland Nelson	Pediatrics	Massachusetts General Hospital, Boston
Kathryn Ellen Cohn Peilen	Internal Medicine	Presbyterian St. Lukes Hospital, Chicago, Illinois
Leslie David Plonsky (M.D., Dec. 1979)	Diagnostic Radiology	Yale-New Haven Hospital
Alston Michael Porter	Pediatrics	Children's Medical Center, Dallas, Texas
Mark Jeffrey Ratain	Internal Medicine	Johns Hopkins Hospital, Baltimore, Maryland
Romualdo Ron Rodriguez	Psychiatry	Grady Memorial Hospital, Atlanta, Georgia
Michael Andrew Rogawski	Internal Medicine	New York University-Bellevue Hospital, New York
Neal L. Rosen	Pediatrics	Maimonides Medical Center, New York, New York
Steven Ira Rosenfeld	Medicine & Radiology (Diagnostic)	Yale-New Haven Hospital
Carl Frank Schiff	Internal Medicine	Mt. Sinai Hospital, New York, New York
Alan Earl Pierre Schlesinger	Internal Medicine	University Hospitals, Boston, Massachusetts
Gerri Ann Schulman	Internal Medicine	Temple University Hospital, Philadelphia, Pennsylvania
Jane Goldie Schweitzer	Ophthalmology	University of Pennsylvania, Philadelphia
John Alexander Selling	Internal Medicine	University of California, San Diego Affiliated Hospitals, San Diego
Jeffrey Michael Shapiro	Surgery	University of Texas Affiliated Hospitals, Houston
Jeffrey N. Siegel	Internal Medicine	Case Western Reserve University Hospital, Cleveland, Ohio
Martin Bruce Silverstein	Internal Medicine	Beth Israel Hospital, Boston, Massachusetts
Albert Louis Siu	Internal Medicine	University of California Hospital, Los Angeles
Hillel David Skoff	Surgery	Washington University Affiliated Hospitals, St. Louis, Missouri
David Smotkin	Obstetrics & Gynecology	University of Colorado Affiliated Hospitals, Denver
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Mahlon Richard Soloway	Internal Medicine	Waterbury Hospital, Waterbury, Connecticut
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*Habitus
Contra Mortem
Anno 1656*

*Quo Doctores Medicinæ induuntur
Romæ quando infectos peste visitant
curationis causa, ut se ab infectione
tueantur. Vestis est oblonga ad talos
defluens. Linea tota cerâ imbuta.
Vultus plane obvelatus ante oculos
vitris utuntur Crystallinis. ante
nares oblongo rostro pleno optimis
odoramentis. Manu, quæ chirothecis
tectâ oblongam præferunt Vargulam
quâ, quid agendum sit, indicant, ac
demonstrant.*

*Un habit contre la Mort.
Lequel portent les Docteurs
en Médecine à Rome quand ils
visitent les infectés de la peste pour les
guérir et aider se conservant aussi hors de
l'infection. L'habit est long jus qu'au talon
fait de la toile encire. Le visage est tout
couvert devant les yeux port il des lunettes
de cristalle devant les narines comme un
long bec d'oiseau plein des bons esprits
et odeurs. Les mains sont couverts des gants
en la main port il une longue verge par quelle
Luy donne à connoistre ce qu'il fault faire.*

Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor, 333 Cedar Street, New Haven, Connecticut 06510

Editorial Staff

Editor: Arthur Ebbert, Jr., M.D.

Managing Editor: Marjorie Blake Noyes
and Design

Assistant Editor: Guldane K. Mahakian

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Cover: A "plague" doctor protected himself against the pestilence in Rome during the mid-17th century by wearing a leather suit and a beak containing herbs. In 1656, most physicians fled the city where 145,000 are said to have died from the disease. This print by Gerhart Altzenbach is from the Clements C. Fry Collection. (see story on page 5)

The Medical School Council and **YOU**, the Alumni

by Dwight F. Miller, M.D.

In the spring of 1970, the School of Medicine Board of Permanent Officers created the Medical School Council "... to improve the self-determining capacity of the School ... by providing an influential forum for all significant school-wide issues." In addition, this Council serves as the Educational Policy Committee and is charged with the ongoing assessment of the curriculum.

Although a number of the Medical School Council members are Yale medical alumni, they are delegates from the faculty or other sentient groups within the School. Therefore, in the spring of 1979, on recommendation of Dean Berliner, the by-laws of the Council were changed to permit the addition of an alumni delegate to be selected by the Executive Committee of the Association of Yale Alumni in Medicine.

I attended the Council meetings as your first representative. Thus, part of this report is about the issues, deliberations and governance that transpired over the past year. Since it is the initial report, it includes a brief description of the organization and operation of the Council, why the position was created, and what may be expected in the future. Finally, it includes some personal comments and an invitation to each of you.

The Structure & Operation of the Council

The Council is basically a forum. It has little direct authority except in matters of the curriculum. The Council hears reports, it questions, it deliberates, and it makes recommendations. It has weighted representation of 12 different interest groups. The Board of Permanent Officers (6), department chairmen (2), non-tenured faculty (6), house staff (2), post-doctorates (2), part-time faculty (2), planning and priorities committee (1), alumni (1), and students, one from each medical class (4) plus the president of the Student Council, physician's associate (1), and public health (2).

The meetings are open and well publicized. The format is fairly constant. About 11:50 A.M. on the first and third Thursdays of each month throughout the academic year, the group assembles in the Beaumont Room. Fruit and sandwiches are provided. The meetings begin promptly at noon and all formal business

ends at 1:00 P.M., although discussions frequently continue beyond that time.

There were fifteen meetings throughout the year. Eleven major different topics were discussed. The curriculum committee's ongoing assessment of various programs completed the agenda.

What follows is an annotated outline of this year's agenda; it was most difficult to prepare. The presentations were all thoughtfully prepared, generally highly structured, and together represented hundreds of hours of preparation. To distill these further to two or three sentences and still reflect the essence of the deliberations (governance process) is, I feel, not possible. On the other hand, merely scanning the agenda will give you some idea of the diversity and scope of the topics which occupies the governance of this institution.

Outline of the Major Topics 1979-1980

September 20. The Non-Tenured & Junior Faculty.

This presentation dealt with the organizational status of 80 percent of the teaching staff, the non-tenured faculty. Many non-academics have heard of "publish or perish," but knowledge of the competitive realities of the academic world, the progression through the ranks, to the "up or out" at 9 years, is generally confined within the ivied walls. The report recommended counselling and clarification of the junior faculty responsibilities.

October 4. Report of the Curriculum Committee. This consisted of an assessment of programs in trauma, pediatrics, and some aspects of clinical immunology; recommendations to strengthen the programs were presented.

October 18. The Ambulatory Care Task Force. Although clinical practice is of vital interest to the faculty, the School, and the Hospital, the present facilities and operation of these services seems to leave all with a sense of frustration and dissatisfaction. As a first step toward correcting this situation, the task force did an extensive study, ultimately categorizing 14 deficiencies. It then suggested the creation of a specific organization to deal with these impediments to ambu-

latory practice. Some progress appears to be close at hand.

November 1. The Role of the Basic Scientist in Clinical Departments. This was a thoughtful overview of this important segment of the faculty. Currently there are 203 Ph.D.'s with primary appointments in clinical departments, 24 percent of the total faculty. Most are self-supporting through grants. They do significant teaching, especially in basic sciences, and provide depth and richness to the departments. Of this group 120 are in the "research track." They tend to be totally isolated from the basic science departments and were referred to in *Science* magazine as "unfaculty." Suggestions were offered to improve the situation for these faculty.

November 15. The Postdoctoral Ph.D. Trainee. This was a thoughtful state of the state report of this important mission of the School. Currently there are 116 postdoctoral fellows paid by grants, and 44 postdoctoral associates and 12 research staff scientists paid by Yale administered funds. The distribution of these 172 trainees includes 31 in Pharmacology, 17 in Physiology, 12 in Human Genetics, 24 in Epidemiology, 15 in Pathology and 11 in Molecular Biophysics and Biochemistry. The application of basic science technology to clinical problems contributes much to the intellectual climate and strength of the School.

December 6. The Status of the M.D. Research Trainee. Great concern was expressed because of the precipitous drop in interest in research among young physicians. Between 1963 and 1978 the percentage of medical students interested in research dropped from 49 to 2 percent. The number of NIH funded positions dropped from 46 to 17 percent and of these only 70 percent are filled. The percentage of grants awarded to M.D.'s has dropped 44 to 22 percent. The implications for society, for future research, and for medical schools were presented. Corrective actions were suggested directed to: 1) students, 2) house staff, 3) junior faculty, 4) Association of American Medical Colleges, 5) medical schools, 6) the federal government, and 7) the private sector.

January 17. Affirmative Action. The history and progress of this program from 1969 to 1979 was reviewed with special emphasis on the last several years. The program involves faculty at all levels, fellows and trainees, and students. While there is clear progress for Asians, Hispanics and women, there are few tangible advances for Blacks and American Indians. The lack of an adequate pool size and identification of candidates frustrates the sincere efforts of the School.

February 7. Issues Raised by Students. The student body, through their representatives, raised 5 issues: 1)

a plea to drop the thesis requirement was patiently heard; 2) the impact and the importance of the student evaluations of courses was discussed with citations of specific problems; 3) the students, citing many possible benefits, requested a position(s) on the admissions committee; 4) a plea to accept and strengthen the role of female students was made; and 5) specific shortcomings of the Medical Library along with corrective suggestions were brought forth.

The students, in each case, had well thought out and considered presentations. The Council in turn listened sympathetically, broadened the discussions with other points of view and recommended some suggestions be implemented.

February 21. Federal Rules & Regulations and Their Impact on the School. A group from the Yale Center for Health Studies presented a general review of the growth of regulation and then a specific review of four special areas. Because of projected increases in federal health spending more regulations will grow, especially promulgated by independent regulatory agencies. Special emphasis was devoted to the areas of affirmative action, malpractice, protection of human research subjects, and the ramifications of Hill Burton Funds.

March 6. Report of the Curriculum Committee. An ongoing assessment of the educational experience of emergency medicine within the surgical rotation and ambulatory care was presented. Some aspects of both of these vital areas seem to frustrate the best efforts to increase the learning experience.

April 3. Innovation in Teaching — The Pelvic Examination. The problems and alternatives of adequately dealing with this topic was reviewed. The present arrangement of having paid teaching assistants has not only greatly strengthened the program, innovations now under consideration promise additional benefits.

April 13. Report of the Office of Graduate & Continuing Education. The Regional Medical Program, begun in 1966, was the initial stimulus for an extensive affiliation between Connecticut's two medical schools and the community hospitals for continuing education. This cooperative venture has continued to grow and has resulted in a large and varied program ranging from seminars, workshops, lectures, specialized courses to full-time faculty participation on the community hospital teaching staffs. This office is both the buffer and the interface for these increasingly important programs.

May 1. Report of the Curriculum Committee. Much of the discussion revolved around several student-initiated programs, particularly courses in nutrition, first aid and cardiopulmonary resuscitation. This precipitated a series of restatements of positions by

both the students and faculty both in terms of priorities and perceived needs.

May 15. The Admissions Committee reviewed the profile of the Class of '84.

Personal Comments

Next, allow me to offer some highly editorialized comments about the proceedings of the Council. I have come to the meetings in a somewhat anomalous position. The anomaly is not in an organizational sense but rather, an emotional or an identity sense. I attend the deliberations not as an outsider, but at the same time, not quite as an insider. Rather, I feel myself sitting on the fringes — fringes created by years since graduation and residency. Perhaps this will change with time but so far, I feel more like a reviewer rather than a participant. Thus, neutrality comes easily.

I am impressed by the scope and diversity of the various presentations. I am also impressed by the quality of the presentations; they are uniformly well thought out, well articulated, and collectively represent hundreds of hours of staff work. Against a background of general good will and a common unifying purpose, I see various interests and positions bumping into each other. I see expectations bumping into the realities of increasingly limited resources, be they time, money or physical facilities. There are conflicts created in trying to respond to the regulations and directives of forces outside the University.

Perhaps the most important accomplishment of the Council is in the basic fulfillment of its designed mission, to be the central forum for the institution. It fulfills this role by providing a "place in the sun" for the various components of the institution, and of course we, as alumni, are now recognized as another of these components. The Council serves to raise the level of awareness of various positions or groups and is the route by which the whole is informed of the various and diverse interests in each of the components. Throughout the year I recognized no adversary positions, but quite the contrary, I could detect a unifying effect.

Why The Position Was Created

Why was the alumni representative position created? It was created as a concrete effort to bring the alumni and the School closer together. The Medical School Council is the central forum for *the* institution; thus we have direct access to the mainstream of the School. In a sense, the new position is really saying to the alumni, "You are an extension of this institution into society and as such you are an important component of this institution; although you are no longer students and house staff, we want you to remain an active part of us."

This new position and the channels it represents will ultimately become what the alumni and the School

want it to become; it will depend upon how both use it. As with any new position, both the School and the alumni association are feeling their way along. We all recognize that the idea is a good one, one with a great deal of potential. In part, some of the reasons for presenting details about the structure and function of the Medical School Council were to supply the background information and the framework so that this may develop maximally.

Conclusion

The new position opens up lines of communication, lines that flow from the School out to you and from you into the School. In this initial report, the Council's agenda was presented in a very condensed manner. In the future, however, the major topics will receive far more emphasis in order to give you greater insight into the important topics and issues at the School and how it is prepared to deal with them.

The second component of this new communication is from the outside in. You as alumni may have ideas or topics which may be appropriate to bring before this forum; if so, the mechanisms to do so are now in place. You are welcome to bring forth ideas through any of the alumni representatives or to me directly. This is not far-fetched or an invitation to be dismissed out of hand. Many of the problems the School faces are not unique to Yale. Through your practice or through your administrative responsibilities, you may have had some experiences, explored some alternatives, or found some solutions which might be of benefit to the School. Indeed, you may come up with some ideas in which the alumni, as individuals or as a group, may contribute to strengthening the basic mission of the School.

Preservation in Action

by Susan Wheeler

The Medical Historical Library has received a grant from Hoffman-LaRoche, Incorporated, the pharmaceutical company of Nutley, New Jersey, to enhance and make accessible the Clements C. Fry Collection, one of the most impressive assemblages of medical prints in the world. Susan Wheeler is coordinator of the project. — ed.



Susan Wheeler, right, coordinator of the Fry Collection preservation project, observes Jane Greenfield, conservator of the University Library, washing and deacidifying a 17th century broadside from the Fry Collection.

Inconspicuously located on the balcony of the Medical Historical Library, the Clements C. Fry Collection provides an extraordinary resource for scholars and aesthetic joy to anyone who loves art. It is one of the world's great collections of medical prints and drawings. Almost three thousand prints provide an illustrative survey of medicine and art from the 15th to the 20th century through the works of great masters such as Breughel, Rembrandt, Hogarth and Munch, as well as through the works of many less well-known artists who faithfully, or sometimes humorously, documented the state of the art of medical therapeutics of their times.

Many major artists are substantially represented. Seventy lithographs by the French genius of that medium, Honore Daumier, portray medicine, medical problems, and therapeutic fads of the 19th century in a manner which captures the public's response to them. Among the hundreds of prints and drawings by the British caricaturists Gillray, Rowlandson, Cruikshank, and Woodward, are found some unique items, such as an unpublished drawing prepared by Rowlandson for "The Dance of Death," and a page torn from the sketchbook of George Cruikshank, on which he muses about the dangers of mesmerism.

Many of the prints were produced for sale to the general public. Therefore, they reflect popular attitudes and concerns, and reproduce scenes from everyday life, giving a vivid view of the realities of medical practice which would not be found in any text. Among the early prints, a predominance of charlatans and quacks, peddling panaceas and dubious surgical skills, document the widespread peripheral "professions" which offered hope when organized medicine could not. An 18th century caricature of William Hunter, England's first great teacher of anatomy, being apprehended in an attempt to carry away the body of a child for dissection, probably delighted an audience which could not protect itself and its loved ones from the anatomists' enthusiasm.

Other items reflect private observations. Conrad Faesi-Gesner's sketchbooks provide an intimate view of patients, practices and facilities of the Zurich Insane Asylum, where he was administrator from 1835 to 1853. Thirty-two delicate watercolors of monsters and warring stick figures incite curiosity as to the true state of mind of an anonymous artist, known only as a "lunatick."

These few examples are a small sampling of the Clements C. Fry Collection. Dr. Fry was an industrious and knowledgeable collector, but as a teacher, also, he wished his collection to be viewed and enjoyed. During his lifetime, prints and drawings adorned the walls of administrative offices and seminar rooms throughout the medical school, and the Department of University Health, where he was Psychiatrist-in-Chief. Today, many of the walls which displayed parts of the collection are bare, the prints having been returned to the Library. An effort to photograph, catalog and preserve all parts of the collection is now a primary task.

Since the original bequest of Dr. Fry in 1955, the collection has more than doubled through the gifts of numerous donors. At the same time, interest in and use of the collection has also increased, making access to its holdings a problem to those who wish to search its contents by subject or design. Preservation has become a growing concern.

Ironically, many early woodcuts and engravings on cotton and linen rag papers are as fresh today as they were four hundred years ago, while more recent prints are on the verge of disintegration. The use of straw and wood pulp for making paper in the 19th century boosted print production, but it also incor-

porated into each work the element of its own destruction. Prints, designed for display, have been damaged by that very use. Exposure to sunlight, changes in humidity and room temperature, and air pollution have had deteriorating effects.

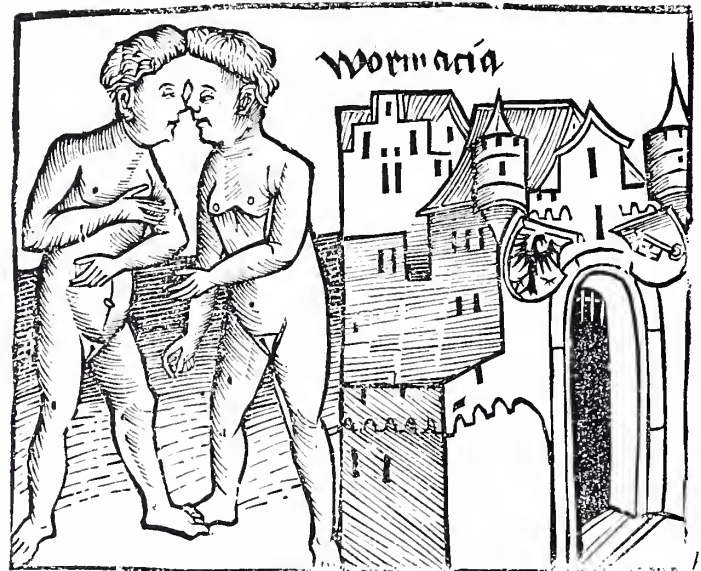
In order to protect the collection and provide modern methods of access to it, several projects are now underway. Their realization is being made possible by a gift from Hoffman-LaRoche, Incorporated.

At the Conservation Studio in Sterling Memorial Library, where fragile treasures of the University Libraries are revived and restored under the direction of Jane Greenfield, several hundred prints have been deacidified, mended, dry cleaned and placed within protective mounts. As the Fry Collection is systematically evaluated, many more prints will receive the same restorative attention.

Microfiche, a photographic method first employed in the medical school by William Guth, director of communications media, to create rapid access to radiographs and slide specimens for teaching purposes, is now being applied in the Fry Collection to create a visual index of the prints. The photographic presentation of microimages in file card format, to be "read" in a small projector, will allow users of the collection to scan its entire contents in a matter of minutes. A computer index to the microfiche and catalog to the collection, being designed by David Stagg, senior research associate, will make possible the expansion of subject categories and provide for updating information on the prints.

Through the generosity of Hoffman-LaRoche, Inc. and the resources of the School of Medicine and the University Library, the Clements C. Fry Collection is on its way to becoming a modern resource. It is hoped that within the next three years the holdings of the Fry Collection will be readily available to many more interested physicians and scholars who wish to study the history of medicine through the art produced by and about the profession.

From the Fry Collection . . .



1 Siamese twins and other anomalies were widely publicized. In 1495, twins joined at the forehead were born at Burstadt near Worms. This woodcut by an anonymous artist illustrates a contemporary pamphlet on the phenomenon.

2 The itinerant surgeon operating at a country fair was a common sight in the 16th century. Lucas van Leyden's engraving may have been sold at a fair where it would serve as both a souvenir and a warning.

3 Potions, salves and surgical services were also offered for sale on the city streets. The scene by Jan van de Velde of a charlatan displaying his wares, bears the inscription, "People wish to be deceived."

4 In the 17th century, hospitals were little more than welfare institutions providing nursing care along with other social services. "The Three Snares of the World: You don't leave as you came in," by Jean Ganiere presents a moral lesson. Pursuit of certain pleasures leaves one destitute and a candidate for the hospital, or poorhouse.



Scholars and art devotees alike will benefit from a well orchestrated project to restore, preserve and make accessible the remarkable Clements C. Fry Collection.

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5 Nineteenth century measles epidemics in Japan gave rise to numerous folk remedies and charms. Yoshitoyo's colored woodcut was meant to be posted on the doorway of a home to drive away the measles demons in the same way that Zen monk Tetsugyu repels them in the picture.

6 Dr. Casimir Pinel offered asylum to political prisoners of 19th century France. The lithograph by Charles Ramelet was taken from a drawing by one of Pinel's patients, Honore Daumier. It appeared in a Parisian newspaper while Daumier was serving his term.

7 The popular response to Edward Jenner's discovery of cowpox vaccination for smallpox was not entirely enthusiastic. James Gillray's etching of Jenner's clinic reflects the widely held fear that something more than immunization could result from the procedure.

8 Tormenting devils were a popular artistic convention in the 19th century, graphically depicting pain and perhaps playing upon the old idea that demons are responsible for disease. George Cruikshank's etching is a vivid portrayal of a subjective experience.



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Air Pollution INDOORS

by Marjorie B. Noyes

"Residents in the Three Mile Island area received a total dose of up to 100 millirems of radiation from the incident there. Many buildings expose occupants to similar, or even greater doses each year, year after year."

Just as we are becoming used to the fact that the air outside is not really very fresh, and in fact, is often officially labeled as "unhealthy," there is mounting evidence that the quality of the air indoors is not all that good either. While scientists and governments have focused their attention on outdoor air pollution and the environment of the industrial workplace, little attention has been paid to the quality of air within residential, commercial and institutional buildings.

In 1979, the World Health Organization convened a committee of environmental scientists from around the world to review the health aspects of indoor air quality. Their conclusions reflect a serious concern about the increasing introduction to the market of new building materials, furnishings and a growing number of consumer products which release a wide range of toxic chemicals into the indoor air.

More recently, under the auspices of the National Academy of Sciences, a Committee on Indoor Pollutants was charged with preparing a report on what is known about the types and concentrations of pollutants to which people are exposed in public buildings, the effects of these pollutants on human health, methods of controlling or abating the pollutants, and the costs and benefits of the control procedures. The report is due out in early 1981.

Dr. Jan A.J. Stolwijk, professor of epidemiology (environmental health), and a Fellow at the John B. Pierce Foundation Laboratory, is a member both of the WHO and the NAS study committees. "Since most people spend at least 70 percent of their time indoors, it is important that we have a better understanding of how various indoor pollutants affect human health," he said.

Sources of Indoor Air Pollution

Several of the findings of the WHO committee were predictable. Tobacco smoke was cited as the number one contaminant indoors, threatening the health of smokers and non-smokers alike. Asbestos products, much publicized as hazardous, and spray foam insulation, banned as a health hazard in Massachusetts, were also listed as areas of concern.

Other sources named in the WHO report are more surprising.

For instance, certain soils, as well as building materials such as concrete, brick, granite and gypsum board, which contain uranium, emit "natural" radiation. Known also as radon, it and its daughter products come from the radioactive breakdown of uranium and other elements that give off subatomic particles and energy.

"Residents in the Three Mile Island area received a total dose of up to 100 millirems of radiation from the incident there," Dr. Stolwijk noted. "Many buildings expose occupants to similar, or even greater doses each year, year after year, due to release of natural radioactivity from the ground, ground water or building materials."

Plastic furniture and furnishings, widely used in offices, schools and other public places, are sources of formaldehyde and other aldehydes. Some furnishings, including carpets, heavy drapes and upholstery fabrics, act as sponges for odors, which can be released again, often years later.

The main sources of indoor pollution, however, are people and their activities: housecleaning, cooking, personal grooming and hobbies. Cleaning solvents, laundry supplies, air fresheners, pesticides, hair spray, nail polish, deodorants, paint and paint thinner, wax, glue and other adhesives, all used to enhance our lives, actually may be damaging them.

Although not always clearly indicated on their labels, many of these products contain chemicals such as chlorine, ammonia, carbon tetrachloride, chloroform, trichlorethylene and vinyl chloride. The degree of their toxicity varies considerably, and they may be present in the active ingredients; be used directly in liquid application; or be used as propellants of packaged aerosol sprays.

Tobacco smoke is the number one contaminant, but there are other, less obvious sources of indoor air pollution which may be hazardous to health.

According to a study by the NYU Institute of Environmental Medicine, home craftsmen especially should become more wary of the ingredients of materials they use, which include substantial amounts of solvents, pigments, glazes, epoxies, acids, alkalis and plastics. Artists and artisans usually buy these materials by trade name, according to the study, and have very little appreciation of their chemical content or toxic properties. As a result, they are frequently used without the precautions or controls generally practiced with the same materials in industrial environments.

Gas stoves, preferred over electric ones by many gourmet cooks, can produce high levels of nitrogen oxides indoors. Studies conducted at the Harvard School of Public Health have found that children living in homes where cooking is done with gas have a higher incidence of respiratory illnesses. This risk is increased when a member of the household smokes tobacco.

In sufficient amounts, indoor air pollutants can cause such irritating effects as headache, itchy throat, watery eyes and listlessness. The longterm effects are still unknown, according to Dr. Stolwijk, because there are few epidemiologic studies to determine whether people living in homes or working in offices with chronically bad air quality suffer serious health problems. It is apparent, however, that certain of the population is at risk for indoor air pollutants. These include the very young and the elderly, as well as people with respiratory and cardiovascular problems.

“The trend will inevitably increase the concentrations of all pollutants released indoors, including pathogens transmitting communicable disease, unless reduction of outdoor air intake is accompanied by effective means to reduce these emissions at the source.”

Implications of ventilation

While the introduction of new synthetic products to the marketplace is an important factor in indoor air pollution, there can be no doubt that the problem has been exacerbated by the energy crisis and the high cost of heating fuel. To save energy, home owners have added insulation and storm windows, literally sealing themselves into the indoor environment, while owners of apartment houses and public buildings have significantly cut back the outdoor air intake of ventilating systems.

“The trend will inevitably increase the concentrations of *all* pollutants released indoors, including pathogens transmitting communicable disease, unless reduction of outdoor air intake is accompanied by effective means to reduce these emissions at the source,” the WHO committee warned.

At very low ventilation rates, for instance, the indoor concentrations of formaldehyde and aldehydes exceed the suggested European standard of 120 micrograms per cubic meter. Such problems occurred in several experimental homes recently built with energy efficiency in mind. The problem is common in Scandinavia, where traditional building techniques produce very tightly sealed buildings.

In an average home, the air exchange rate is about 1.0 per hour, meaning that one complete turnover of air volume occurs each hour. In the energy saving test homes, less than half of the air volume is turned over in any given hour; older homes, drafty and poorly insulated, may have rates as high as 1.5 or more.

The Environmental Protection Agency sets regulations for outdoor air quality, and the Occupational Safety and Health Administration sets standards for conditions in the industrial workplace, but there is as yet no agency with specific responsibility for air quality in residential, commercial and most institutional buildings. *Voluntary* ventilation standards, set by the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE), are based on studies made at the Harvard School of Public Health in the early 1930's, before the energy crisis and before the widespread use of synthetic materials.

In the first large scale study of its kind since the Harvard study, Dr. William Cain and Dr. Brian Leaderer, of the Pierce Laboratory scientific staff, are investigating the influence of ventilation rates on the perception of odors produced by tobacco smoke and human occupancy, and at the same time, analyzing the particulate matter of tobacco smoke. Dr. Cain, associate professor of epidemiology (environmental health) and psychology, is well known for his research on sensory perception and especially olfactory perception; Dr. Leaderer, who has recently participated in a comprehensive study of air pollution in the New York-New Jersey-Connecticut-Metropolitan area, is an assistant professor of epidemiology (environmental health).

Their study, which is funded by a grant from the Department of Energy, subcontracted by the Lawrence Berkeley Laboratory of California, combines careful measurement of physical characteristics — such as carbon dioxide, carbon monoxide, air-borne organic matter and total suspended particulate mass — with psychophysical methods for determination of human per-

ception of odor intensity and acceptability, irritation and thermal comfort.

“Perceptible odors, in fact, are the primary reason for ventilation,” Dr. Cain explained. “Buildings are ventilated so that the occupants don't find them objectionable environments, as well as to take care of other, more hazardous materials such as carbon monoxide, radon and formaldehyde.” Tobacco smoke and body odor are the two most common odor nuisances in the indoor environment.

Because requirements for ventilation rest directly on the need to control odors, the measurement of odor level forms an integral part of the assessment of indoor air quality. Determining the impact of tobacco smoke, however, involves more detailed data, since the combustion of tobacco generates up to 3,000 chemicals in both gaseous and particulate phases.

In their study, Drs. Cain and Leaderer measured sensory reactions of non-smokers to tobacco smoke, referred to as sidestream smoke, and, in addition, obtained a thorough profile of the contaminants generated during typical conditions of smoking. Their findings offer new insights into the impact of tobacco smoke on the indoor environment, as well as its implications for energy conservation.

Research was conducted in a unique environmental testing facility designed at the Pierce Foundation Laboratory specifically for the study. It comprises a 1200 cubic foot aluminum-lined chamber equipped with an ideal ventilation system to control with great precision humidity, temperature, air flow, ventilation rate and air quality.

Participants in the research included “occupants” of the chamber and “visitors” who came to a sniffing station outside the chamber, which allowed them to assess the chamber air without actually entering it or viewing the conditions of occupancy — in this case, smoking versus non-smoking. The role of the visitors was most important, according to Dr. Cain, because occupants become accustomed to almost every condition, whereas persons who visit impose more stringent criteria. The test facility thus permits necessary comparison of the impressions of visitors with those of the occupants.

Specific goals were to assess the effects of carbon monoxide and to assess the distribution of particulate mass in varying concentrations of tobacco smoke under varying ventilation rates. In some experiments, as many as 12 persons occupied the chamber with as many as 15 persons serving as visitors. Between September 1979 and May 1980, the chamber yielded many thousand person-hours of data on investigations of ventilation requirements.

Not surprisingly, tobacco odor was more objectionable to the majority of participants than was occupancy odor. In addition, adverse reactions to tobacco smoke in persons without particular sensitivity included eye, nose, throat, and occasionally, lower respiratory irritation.

Interestingly enough, according to the study, carbon monoxide levels from tobacco smoke do not appear to be significantly high as compared to outdoors, according to Dr. Leaderer, but the level of particulate mass generated by tobacco smoke in the indoor environment is surprisingly high. Particulate mass is categorized as large particles which are fairly easily removed by the upper respiratory system, and smaller particles, respirable particulates, which typically penetrate the lungs.

With the equivalent of two occupants smoking four cigarettes per hour each, under normal ventilation rates, in the chamber respirable particulate mass exposures were eight times as high as particulate exposure in the outdoors. “When we decreased

ventilation or increased the smoking rate, respirable particulate exposure rose well in excess of the ambient air quality standards set by EPA," Dr. Leaderer reported. "In many cases they far exceeded standards set by OSHA for respirable particulate mass in the industrial workplace." The research team considers conditions in their study to be similar to those of an average office setting.

When smoking is not permitted, the level of contamination may not be high enough to warrant the amount of outdoor air intake allowed by ventilation rates standard in most public buildings today. Once smoking is permitted, however, present ventilation standards are wholly inadequate, according to results of the research.

"In addition to health factors, our work highlights the tremendous energy penalty imposed by tobacco smoking. It appears that it requires roughly ten times more outdoor air intake to adequately ventilate a room where smoking is permitted," Dr. Cain said. "This is air that has to be heated or cooled, dehumidified or humidified, depending on the climate or other circumstances. You can see then, that the cost of smoking is enormous." It may well be, according to Dr. Cain, that revised ventilation standards should take into consideration specific contamination levels potential for the individual area to be ventilated.

Dr. Cain and Dr. Leaderer intend to further their research to assess in greater detail the relationship between type of cigarette, cigar or pipe tobacco smoked, rate of smoking, smoking habits, sidestream versus mainstream smoke, pollutant removal mechanisms and indoor air quality. Their future work would also assess the efficiency of air cleaning devices in removing indoor contaminants resulting from smoking. They have also proposed toxicological and perceptual studies of formaldehyde as an indoor air contaminant.

"This study underscores the need for a complete review of indoor air contaminants and their effect on human health in relation to present ventilation standards," Dr. Stolwijk commented. "A number of states have already passed indoor clean air legislation, and it appears likely that the Environmental Protection Agency will be considering the need for federal legislation in this area."

"In addition to health factors, our work highlights the tremendous energy penalty imposed by tobacco smoking. It appears that it requires roughly ten times more outdoor air intake to adequately ventilate a room where smoking is permitted."



William Carter



Dr. Rosenberg Named C.N.H. Long Professor

Dr. Leon E. Rosenberg, an outstanding research geneticist, teacher and clinician, has been appointed C.N.H. Long Professor of Human Genetics. Dr. Rosenberg, who is also professor of pediatrics and medicine, has been Chairman of the Department of Human Genetics since it was established in 1972.

Recently named president of the American Society of Human Genetics, Dr. Rosenberg is recognized for his contributions to understanding the biochemical mechanisms of inherited diseases. He was instrumental in planning and organizing Yale's program in human genetics, and is co-editor of *Metabolic Control and Disease*, eighth edition, a widely acclaimed textbook.

The C.N.H. Long Professorship honors the late Dr. Long, who was a world renowned physiologist. In the 1930's, his research gave substance to the then relatively new concept that the balance of the endocrine glands was related to the diseases of metabolism. Dr. Long, who was Sterling Professor of Physiological Chemistry, was Dean of the School of Medicine from 1947 to 1952. In addition, he was Chairman of the Department of Physiological Chemistry as well as Chairman of the Department of Physiology.

Dr. Rosenberg attended the Univer-

sity of Wisconsin, where he received his B.A. degree in 1954, and his M.D. degree in 1957, both summa cum laude. He was elected to Phi Beta Kappa in 1953, and received the Roche Award to an outstanding preclinical student in 1955.

He was an intern as well as assistant resident in medicine at Columbia Presbyterian Medical Center in New York City, and was clinical associate and senior investigator in the Metabolism Service of the National Cancer Institute before joining the Yale medical faculty in 1965 as assistant professor of medicine. He was appointed associate professor of pediatrics and medicine in 1968, and in 1972, he was named professor of human genetics, pediatrics and medicine, and Chairman of the Department of Human Genetics.

Dr. Rosenberg received the Research Career Development Award of the National Institutes of Health in 1965, and a John Simon Guggenheim Fellowship in 1972-73. In addition, he has been accorded special scientific recognition from numerous professional societies and institutions throughout his career, and was recently appointed to the National Arthritis, Metabolic and Digestive Diseases Advisory Council.

Promotions to Professor

The following members of the medical faculty have been promoted to the rank of professor effective July 1980:

Jack J. Albom, M.D., clinical professor of dermatology; James T. Allison, Ph.D., professor of psychology (neurology); Charles B. Cheney, M.D., clinical professor of obstetrics and gynecology; Robert W. W. Evans, M.D., clinical professor of psychiatry (Child Study Center); Eugene J. Fitzpatrick, M.D., clinical professor of surgery; James F. Jekel, M.D., professor of epidemiology and public health; Edward H. Futterman, M.D., clinical professor of psychiatry and pediatrics (Child Study Center); John C. Hobbins, M.D., professor of obstetrics and gynecology and diagnostic radiology; Neville Kirsch, M.D., clinical professor of dermatology; Charles J. Koprivá, M.D., professor of anesthesiology; John A. Ogden, M.D., professor of surgery (orthopedic) and pediatrics; and Franklin Robinson, M.D., clinical professor of surgery (neurosurgery).

Administrative Director Appointed For Office for Women in Medicine

Kay D. Codish has been named administrative director of the Office for Women in Medicine. She succeeds Constance C. Goodman, who resigned to assume a new position in Philadelphia.

Ms. Codish was for eight years the executive director of the Fairfield Animal Medical Hospital, and last year, she taught in the Yale Gynecological Teaching Program. She attended the University of Paris at the Sorbonne.

An active member of the New Haven community, she was executive producer of a series on "Women and Healthcare" for Connecticut Public Radio. She is a feature writer for the Arts Council of Greater New Haven.

As administrative director of the Office for Women in Medicine, Ms. Codish will work to advance the careers of women students, postdoctorates and faculty at the School of Medicine. She views the purpose of the Office as providing a supportive environment for women in medicine at Yale, and increasing the visibility of these women in the traditionally male-oriented profession.

With faculty directors Dr. Anne Curtis and Dr. Ann Oberkirch, some of her concerns will be counseling, advocacy, affirmative action, and the recruitment of more women students and faculty. In addition, she will serve on the School's Affirmative Action Committee and the Committee on the Status of Women.

The Office for Women in Medicine, Room I-101 SHM, recently renovated, is a resource center for professional women and students, and a comfortable setting to drop in for coffee, tea, counseling and discussion.

Clinical Professor Appointed

Alfred Jay Bollet, M.D., has been appointed to the part-time faculty as a clinical professor of medicine. Dr. Bollet assumed the chairmanship of the Department of Medicine at the Danbury Hospital in April. He was formerly chairman of the Department of Medicine at the State University of New York Downstate Medical Center in Brooklyn and is nationally known as a rheumatologist and medical educator.



J.D. Levine

President A. Bartlett Giamatti and School of Medicine Dean Robert W. Berliner were hosts at a reception celebrating the 90th birthday of Mrs. James Rowland Angell. Mrs. Angell, whose late husband had been president of the University from 1921 to 1937, is well known both to the Yale and New Haven communities for her cultural and philanthropic activities, and is a long-time friend of the School of Medicine. At the reception, announcement was made that the Katherine C. Angell Student Loan Fund has been established at the School of Medicine in her honor. Friends who wish to make contributions to the Fund may do so through the Office of the Dean, Yale School of Medicine, 333 Cedar Street, New Haven, Connecticut 06510.

Physicians Associate Program Graduates Twenty-two Students

The ninth commencement of the Yale Physician Associate Program was held on August 11 in Marquand Chapel, at the Yale Divinity School. Twenty-two students with various medical interests were graduated.

Elaine E. Grant, executive director of the Program gave the welcoming speech, which was followed by the commencement address delivered by Dr. Jack W. Cole, Ensign Professor of Surgery and Director of the Yale Comprehensive Cancer Center. Dr. Thomas P. Duffy, associate professor of medicine was the guest speaker for the event.

Trish Loving, president of the Jack Cole Society, presided over the award presentations, which included the Didactic Instructor Award to Dr. Edmund S. Crelin, professor of anatomy, and the Clinical Instruction Award, which was accepted by Dr. Arthur Riba in behalf of the Department of Cardiology at the West Haven Veterans Administration Hospital. The Jack W. Cole Society Award was presented to Peter Juergensen, PA-C, a graduate of the Program.

Certificates were presented by Dr. Arthur Ebbert, Jr., Deputy Dean of the School of Medicine to the twenty-two graduating students, who were introduced by James F. Cawley, assistant director of the Program.

Following closing remarks by Dr. Howard Levitin, who is the director of the Physicians Associate Program and Dean of Students at the School, the graduates and their guests were honored at a reception.

Minority High School Students Learn First Hand About Biomedical Research

Nine students from New Haven area high schools participated this summer in a Minority High School Biomedical Research Program at the School of Medicine. They were among 200 minority students enrolled in a nationwide program sponsored by the Department of Health and Human Services, National Institutes of Health, which provides an opportunity to learn about biomedical research while working as federal research apprentices in universities, health professional schools, hospitals and other research centers.

The nine New Haven area students, who were selected from 50 applicants, worked as research apprentices to faculty in the Departments of Pharmacology, Diagnostic Radiology, Internal Medicine, Neurology, Human Genetics, Epidemiology and Public Health, and in the Child Study Center. Yved Matory, a fourth-year medical student, was coordinator of the program at Yale. At the end of the summer, Ms. Matory and the students submitted written reports summarizing their experiences in the program to the NIH.

"This is a tremendous opportunity for these young people to learn first hand about biomedical research," said HHS Secretary Patricia Roberts Harris. "It is my hope that this experience will encourage many to choose careers in the biomedical sciences, an area in which minorities are still under-represented."

This was the first year for the NIH Program, which funded 200 students at a cost of \$400,000. Forty-five institutions in 21 states participated.

Faculty Notes

Dr. Thomas A. Steitz, professor of molecular biophysics and biochemistry, received the 1980 Pfizer Award in Enzyme Chemistry from the Division of Biological Chemistry of the American Chemical Society. The award has as its purpose, "to stimulate fundamental research in enzyme chemistry by scientists not over forty years of age."

At the 50th anniversary meeting of the Biological Photographic Association, Inc., **Dr. Eiji Yanagisawa**, associate clinical professor of otolaryngology was presented the Graham Eddy Endoscopic Award for his use of endoscopic equipment in medical photography. His prize winning exhibit, "Videotape Recording of Microlaryngeal Surgery" describes graphically Dr. Yanagisawa's photographic techniques and illustrates the surgery of the larynx as performed through the laryngoscope. The Biological Photographic Association, Inc. was founded in 1931 at Yale University School of Medicine.

The Council of the National Academy of Sciences has appointed **Dr. James P. Comer** a member of the Assembly of Behavioral and Social Sciences of the National Research Council for a three-year term. The charge of the Assembly is to contribute to the advancement of the component disciplines of the behavioral and social sciences and to help make available such knowledge as will assist in the analysis and alleviation of the nation's major problems. Dr. Comer is Maurice Falk Professor of Psychiatry in the Child Study Center.

Dr. Howard Spiro, professor of medicine, and **Dr. Joyce Gryboski**, professor of pediatrics, were participants in a technology assessment conference at the National Institutes of Health, held August 20-22. The meeting was a part of a Consensus Development series, which brings together experts to take a close look at controversial medical or dental procedures, drugs, or devices. These conferences differ from standard scientific meetings in that panelists are required to issue specific recommendations about the technology under discussion.

Dr. Ralph A. DeFronzo, associate professor of medicine, has been elected to membership in the American Society for Clinical Investigation.

The Journal of Health Politics, Policy and Law has named **Theodore R. Marmor** editor. Dr. Marmor, professor of public health, succeeds Professor Ralph A. Straetz, who was founding editor of the Journal.

New Books by Faculty

"The Patient: Biological, Psychological and Social Dimensions of Medical Practice," by Hoyle Leigh, M.D., *associate professor of psychiatry*, and Morton F. Reiser, M.D., *Charles B. G. Murphy Professor and Chairman of the Department of Psychiatry*. Plenum Medical Book Company (New York) 1980. 351 pp, illus.

"The Emerging Goddess: The Creative Process in Art, Science and Other Fields," by Albert Rothenberg, M.D., *clinical professor of psychiatry*. University of Chicago Press (Chicago) 1979.

"Papers on Psychoanalysis." By Hans W. Loewald, M.D., *clinical professor emeritus of psychiatry*. Yale University Press (New Haven) 1980. 400 pp.

"Six Lives/Six Deaths: Portraits from Modern Japan." By Robert Jay Lifton, *Foundations Fund for Research in Psychiatry Professor of Psychiatry*; Shuichi Katō; and Michael R. Reich. Yale University Press (New Haven) 1980. 318 pp, illus.

"The Psychoanalytic Study of the Child; Volume 35." Edited by Albert J. Solnit, *Sterling Professor of Pediatrics and Psychiatry*; Ruth S. Eissler; Anna Freud; Marianne Kris; and Peter B. Neubauer. Yale University Press (New Haven) 1980. 544 pp.

Alumni Weekend 1980

The 1980 Alumni Weekend on May 30 and 31 was considered to be one of the most successful Medical Alumni events to date. It provided a great variety of activities designed to appeal to the interests of all alumni, spouses, and guests.

On Friday afternoon, a faculty panel presented "Medical Malpractice Update" which included discussion of such matters as informed consent, risk management, and professional liability insurance. Also on Friday, the class of 1955, as part of its twenty-fifth reunion, sponsored a seminar in which eight members of the class presented talks on a wide variety of medical topics.

The Saturday program was opened with an illustrated talk by Dr. Courtney Bishop entitled "Hospital and School — 1926–1976"; he traced the relationship of the New Haven Hospital and the School of Medicine over the past fifty years. Also in the morning, alumni had the opportunity to attend any one of the four seminars held simultaneously; the topics discussed were "A Study in Cocaine", "Immunology", "Sports Medicine", and "Pathological Development of the Self in Childhood".

The annual business meeting of the Association of the Yale Alumni in Medicine was followed by sherry and a buffet luncheon. During the afternoon there were guided tours of the new Nathan Smith Building and the recent additions to the William Wirt Winchester Building and the Hunter Radiation Therapy Center. Those in attendance could also join guided tours of the historic section of New Haven and the Yale Center for British Art. The traditional social hour at Edward S. Harkness Hall was followed by dinners for the five-year reunion classes.

Association of Yale Alumni in Medicine Annual Business Meeting

May 31, 1980

Dr. Nicholas Spinelli, vice president, presided in the absence of Dr. William Kissick, who was unable to be present. Dr. Spinelli extended a special welcome to the reunion classes, especially members of the class of 1930 attending their fiftieth reunion. Twelve senior alumni present from classes prior to 1930 were also introduced.

Deputy Dean Arthur Ebbert greeted the alumni on behalf of Dean Berliner, who was attending a meeting in Sweden. In his brief report, Dr. Ebbert announced that the Yale Corporation had reappointed Dr. Berliner for another three-year term as dean, from July 1981 to June 1984, thus assuring continuity of administration over the next four years.

Elections

In response to the report of the Nominating Committee, the following were elected unanimously by a single ballot: Secretary, Richard Breck (M.D. '45); new members of the Executive Committee, Leonard Kemler (M.D. '43), Richard Norton ('60 HS), and O'Dell Owens (M.D. '76); second terms on the Executive Committee, Sarah Auchincloss (M.D. '76) and William Waskowitz (M.D. '47). Newly elected representatives to the Association of Yale Alumni were Louis Del Guercio (M.D. '53), Robert Kramer (M.D. '55), and Frederick North (M.D. '56).

Dr. Spinelli expressed appreciation to those who were leaving office and noted especially the service of Dr. Myron Sallick. At this point in the proceedings, Dr. Ebbert presented a plaque to Dr. Edith Jurka, who has served two three-year terms as Secretary of the Association since 1974; the citation signed by President Giamatti and Dean Berliner is "in grateful recognition of her devoted service to Yale."

Alumni Fund

Dr. Harvey Young, chairman of the Medical School Alumni Fund, presented reports on the annual giving by medical alumni and public health alumni. (The final report of the Fund is published in this issue of *Yale Medicine*.)

Medical School Council

Dr. Dwight Miller, who has served during the past year as the first alumni delegate to the Medical School Council, gave a brief report. He noted that the Council, which meets twice a month, is a forum for different groups within the school including faculty, students, and house staff. Each meeting is devoted to the presentation and discussion of a major topic, for which there have been many hours of preparation of background material. In concluding his report, Dr. Miller said that he had been impressed by the extraordinary complexity of running a modern medical school. (A more extensive report by Dr. Miller appears in this issue of *Yale Medicine*.)

1981 Alumni Weekend

Dr. Spinelli announced that the Executive Committee has set Friday and Saturday, June 5 and 6, for the 1981 Alumni Weekend and five-year reunions. He emphasized that not only members of the reunion classes but all members of the Association are cordially invited to participate.

Message to Alumni in Ophthalmology

The Yale Alumni in Ophthalmology was formed several years ago. It is an educational alumni group of former residents, staff and fellows in ophthalmology. They would like to include Yale medical graduates who are ophthalmologists, but did not do their residency training at the School. Those who wish to be included on the mailing list for meetings should send their name and address to Dr. David Silverstone, Secretary, Yale Alumni in Ophthalmology, 60 Temple Street, New Haven, CT 06510.

Reunion Notes

1930 – Fiftieth

By James Hart, dinner chairman

For a group of physicians who have been practicing medicine in many different fields in many parts of the country, to meet again on the 50th anniversary of their graduation was a very unique and rewarding experience. Some had not seen each other for 50 years. Of the 45 who had entered the class in 1926, with 39 graduating, it was satisfying to know that 31 had survived through the Great Depression, two wars and inflation.

Regrets were expressed that our class secretary, **John Mendillo**, could not make the meeting and all wished him well in his retirement in Florida. Our class agent for many years, **Ed Flynn**, drove down from Boston with his lovely daughter, Kathy, to participate in the annual meeting of the Association, enjoy the luncheon in the Harkness Dining Hall where he socialized with members of the class, attend the meeting of class agents and then had to return home early for family reasons.

Among those who attended were long distance travelers **Knox** and **Mary-Lee Finley** from San Francisco, **Martie Stein** who lives near Guadalajara, Mexico and **Charlie Wood** from Delray Beach, Florida. Others present were **Courtney “Pete” Bishop**, **Lew** and **Dorothy Dickar**, **John** and **Jane Maroney**, **Vince** and **Arline Doroszka**, **Ed** and **Marie Kitzmeyer**, **Paul** and **Ruth Lavietes**, **Moe** and **Freda Lischner**, **Paul** and **G G Watson** and **Jim** and **Peg Hart**.

In the principal talk of the meeting given in the Historical Library, **Pete Bishop** reviewed with many illustrations the development of both the Medical School and Yale-New Haven Hospital. His information was acquired during his many years as clinical professor of surgery and chief of the medical staff of the Hospital. The pictures of the earlier buildings and wards of the Hospital were of great interest to our classmates who had spent their undergraduate years there.

The highlight for our reunion class occurred during the annual meeting of the Association of Yale Alumni in Medicine with the presentation to the class of a citation from the University, signed by President Giamatti and Secretary Chauncey on the occasion of our 50th Anniversary. The citation noted that we were “among the first

witnesses to the renaissance of the Medical School” and that our “contribution as clinicians, academicians, and scientists has been a notable feature of the Era of Scientific Medicine.” The citation was read to the assembly by the chairman, vice president **Nicholas Spinelli**, and received for the class by **Jim Hart**. Copies were later distributed to each member of the class.

The class reunion dinner was held at the Graduate Club and was a happy and sometimes hilarious get-together. Food preferences were about divided between prime roast beef and stuffed shrimp. Each member in turn told of his 50-year experience in medicine, about his family and brought out many humorous episodes in his practice. Although many children and grandchildren were mentioned, only one great-grandchild was uncovered — in the **Dickar** family.

Letters from several classmates were read. **Israel Kirsh** in Chicago who had spent his years in radiology work had to attend his grandson’s bar mitzvah and regretted missing our reunion. He has a grandson at Yale and will see us when he comes to New Haven. **Ignacio Bird** in Greensboro, N.C. retired from the practice of radiology 3 years ago and could not come because he was helping to celebrate his father’s 95th birthday in Puerto Rico. **Bob Cunningham** who practiced pediatrics in Stamford, Ct. for over 40 years, was unable to come. **Bob** says he has a granddaughter who is aiming for the class of ’92 and he expects to attend her graduation.

Although the nine wives present were quite vocal at the table they refused to make any speeches until finally **Jane Maroney** entertained the group with her experiences in local politics in Delaware.

The gathering broke up rather late. All agreed it was a great 50th reunion with many “golden” memories of our association with the Yale School of Medicine.

1935 – Forty-fifth

By James Haralambie

The class of ’35 celebrated its 45th year of graduation with a dinner at Mory’s. A superb dinner and setting added to the enjoyment of the reunion. From Connecticut the following attended: **Sally** and **Walt Barney** who live in Milford. **Walt** is an anesthesiologist at

Milford Hospital. He says that he now works “two or three days a week” and is looking forward to retirement some day “if his wife will let him.” **Sally** is apparently the spark plug for the numerous auxiliary functions at the hospital. **Cecilia** and **Jim Haralambie** have moved to Heritage Village in Southbury. **Jim** retired from the practice of pediatrics 18 months ago and both are enjoying the non-medical academic pursuits available at Heritage Village. **Ethel** and **Sam Kushlan** have continued to live in New Haven. As a gastroenterologist, **Sam** has achieved high distinction as a leader and teacher in this field. He is associate physician in chief at Yale-New Haven Hospital and clinical professor at Yale.

Ruth and **Norm Rindge** live in Madison where **Norm** has practiced medicine and where his father had done so before him. **Norm** retired from practice five years ago and has no regrets. He is enjoying sailing and relaxing. In Old Lyme, **Doris** and **Walter Thompson** are busy taking courses in oceanography, sailing and fixing up their new home. **Walt** retired from his chairmanship of orthopedics at N.Y.U. about a year ago.

Elise and **Sawnie Gaston** came from Piermont in New York. Although **Sawnie** has retired from the active practice of orthopedics, he is now doing pioneer research in bone healing through electromagnetic stimulation of the fractured bones. **Lois** and **Paul O’Connor** came to their first reunion in 45 years! They reside in Newark, New Jersey where **Paul** is still practicing surgery. **Lois** is an anesthetist in the same hospital where **Paul** operates. **Paul** would not be too opposed to retirement — someday.

Ruth and **Howard Horner** came all the way from San Diego, California where they now live, for our reunion! **Howard** had spent fifteen years in Congo where he served as a medical missionary before returning to the States to practice. He has now retired.

Ed. Note: *Dr. Haralambie had also noted that **Bernard Dignam** had attended class reunion, that his wife had died two years before, that he had been still in active practice in Thompsonville, Ct., and taking courses at Yale and at Trinity in Hartford. However, since that writing, word has been received that Dr. Dignam died on June 19.*

1940 – Fortieth

Retiring Class Secretary:

Patricia (Emerson) Wanning

Replacement Secretary:

Donald G. Johnson

P. O. Box 116

Bar Mills, Maine 04004

This report of our class activities during this our 40th reunion is a joint effort, largely **Pat Wanning's**, but embellished and augmented by **Don Johnson** with the able assistance of our Class Agent, **Jim Ferguson**. It is to be anticipated that the Alumni Office will send to each member of the class a more detailed report.

The reunion was indeed well attended; 20 members of the class came with wives, and one couple we have long since adopted as rightful members, namely **Gene Fitzpatrick** who started with our class and later transferred to another medical school. The reunion turnout has to be admired since we recall there were only 44 in the graduating class in 1940. Although many attended the special seminars, went on rounds, visited the Yale Center for British Art, or went on the tour of the historic section of New Haven, our class get-together took place at the Quinnipiack Club with an excellent dinner arranged for by **Jack Haley** with **Gene Fitzpatrick** as co-chairman. **Champ Taylor**, elected class president in absentia five years ago, presided this year in person. A survey at the dinner revealed that of those present 11 are still actively working full-time in medicine, 2 are working part-time, and 7 are retired.

As for the news of those who came to the 40th: **Joe and Marie Baldwin** are now living in Manchester, Conn. Joe is working part-time for the State of Connecticut in child development clinics. He and Marie are seriously considering retiring to their place on Cape Cod. **Ron and Betty Beckett** are still loyal citizens of Connecticut. Ron still runs the pathology department at Hartford Hospital, but is actively involved in teaching at University of Conn. and at other Connecticut hospitals. He is in the process of writing a book on nomenclature. **Crawford** and **Kay Campbell** left Albany Medical School where he was professor of orthopedics and now reside happily, busily and constructively on Squam Lake at Center Harbor, N.H. They live in Boston for three months of the year, **Crawford** working part-time at Mass.

General and teaching at Harvard. **Wy** and **Biddy Dean** came from Louisville and stayed with the Fergusons. Wy is still working, though not full-time, as an ophthalmologist. He and Biddy, a recognized authority on horticulture, spend considerable time at a 50-acre woodland retreat which keeps them in shape with hiking and exercising their dendrological interests. **Jim** and **Izzy Ferguson** provided the setting for a wonderful brunch on Sunday, June 1st, complete with Bloody Marys and excellent food. A vote of thanks, praise, and appreciation for the effort is well deserved. Jim has retired following a brush with mitotic activity, as he euphemistically puts it. **Gene Fitzpatrick** and his wife came to the festivities; it is great to have them as honorary and honored members of our class. Gene has just retired as clinical professor of surgery, Yale-New Haven Hospital. **Jack** and **Rosemary Haley**, still living in the New Haven area, both look very well. Jack is still actively practicing OB-GYN. **Hank** and **Ellen Humphrey** came down from Ithaca where Hank still busily practices in a group with four other OB-GYN men. This group does a phenomenal amount of work, and in spite of the hard work, Hank maintains his enthusiasm and energy. **Stu** and **Mary Irons** came up from Florida. The following is a quote from his letter to Pat: "Retired and moved to Florida last year. At time was chief, Surgical Service, V.A. Medical Center, Wilkes-Barre, Pa. and clinical professor surgery, Temple University and Immediate Past President, Eastern Penn. chapter, American College of Surgeons. Enjoying life. Still playing tournament bridge. Of 5 daughters, 3 married, 7 grandchildren." **Jack** and **Merilyn MacAllister**, now living in Seabrook, N.H., and having survived anti-nuclear demonstrations, are enjoying retirement. **Larry** and **Pam Lydon** are still living in Connecticut. Larry is working at the Connecticut Valley Hospital (formerly Middletown State Hospital) where his wife works as librarian. Larry gave up his E.N.T. practice some time ago. **Ed** and **Marty Martin** are in New Britain; Ed is a hematologist for the area and from all the evidence collected by our "agents," he and Marty are real pillars of the community. **Will** and **Jo (Hogan) Oakes** made the long trek from Los Alamos, N.M. Six years ago Bill gave up his private surgical practice and

went to work for the University of California, Los Alamos Scientific Laboratory, full-time in Occupational Medicine. **Norm** and **Tysie Sears** came all the way from Napa, California and made the reunion a part of a long trip throughout the country. Norm has retired from practice long since, but after retirement he seems to have had a very exciting life in Asia, first in Kabul, Afghanistan and later with Project "Hope" in Sri Lanka. Now back in Napa he is doing only consultant work. **Champ** and **Mary Louise Taylor** are still in Jacksonville, Florida. He says he is slowing down, but continues to be very active in medical circles. **Maury** and **Ellen Ross** came down from Saco, Maine where Maury still has a very active pediatric practice and formerly was the chief of the Pediatric Service at the Webber Hospital in Biddeford, Maine. **Jack** and **Eunie Wells** are in Wethersfield, Conn. and he is still as busy with practice as ever. Eunie says Jack never has taken a vacation; he says he doesn't dare!!! **Helen (Haury) Woods** and her husband, **Dick**, came up from Corpus Christi, Texas. Both are essentially retired from the active practice of pediatrics. Their four children have gone far afield from the broad expanses of Texas. **Joe Zigarelli** and his wife, **Eileen**, were rescued from limbo through the relentless efforts of **Champ Taylor**. They came from the "wilds" of Mendham, New Jersey virtually at the 11th hour. It was indeed gratifying to see that the grim reaper was not the cause of the Alumni Records Office lack of current information. Joe still in active psychiatric practice. Your retiring secretary, **Pat Wanning**, was accompanied at dinner by her son, **Tom**, in the absence of her husband, **Andy** who opted to attend Bard College commencement activities. Pat writes, "I am into Bio-feedback — a very useful approach to training the body to reverse certain deleterious trends." Your "new" secretary, **Don Johnson** will try to do justice to class news by assisting Pat in the preparation of this report. Don retired from active practice and teaching at the New York Hospital-Cornell Medical Center in 1975, and is now living in the boondocks of Maine. Bar Mills, Maine is not far off the Maine Turnpike and he says he'd be most happy to see classmates who venture this far north. He'd appreciate news of any and all members of this class.

As for the members of the class who couldn't come to the 40th. Don Johnson received a letter from **Ted Allen** who is retired from Aramco and living in Florida, having come there via New Hampshire. He is about to move into a condominium a bit north of his present locale. **Al Merendino** retired from the Chair in Surgery at the University of Washington in 1972 and in 1976 took a leave of absence and went to the King Faisal Specialist Hospital and Research Center in Riyadh, Saudi Arabia. He is now back in Seattle and in charge of the thoracic Surgical Service at the University and V.A. Hospitals. **Lee Sannella** didn't make the reunion this time. We learn that he has recently published a book entitled, "Kundalini — Psychosis or Transcendence." As a following up to an article, "Running After Sixty," a letter he sent to Jim Ferguson indicated that he was planning to enter a 26-mile marathon!! Your new class secretary would greatly appreciate any news items relating to current or past events in the lives of classmates; otherwise the columns in the alumni publications will be a bit bare.

1945 – Thirty-fifth

By Frederic Blodgett

Twenty-seven members of the class of 1945 returned for their 35th Yale Medical Alumni Day.

Most stayed at the Colony Inn and vitally enjoyed renewing acquaintances there and at the Medical School. They attended, with interest, the historical review by Dr. Bishop of 50 years of the Hospital's and School's history. There were excellent scientific seminars presented by several departments and guided tours of the School, Hospital, British Art Center and New Haven. The buffet luncheon was delicious and well attended by faculty and alumni.

Of those present, **Alice Shepard Cary** came the greatest distance, returning from Doshisha University, Kyoto, Japan, where she has been since finishing her residency training. She described her experiences with Japanese young people and colleagues these past years.

Reeves Mason amazed all with his accounts of his travels and service at many foreign hospital stations and plantations. He probably knows, through participation, more hospital-

based activities in this country than any of the rest of us ever will. His humor served well to highlight and emphasize some of the serious needs for medical care that have not yet been met for many persons at home and abroad.

Among those who were present were: **Al Atwood, Fred and Phyllis Blodgett, Dick Breck. Sandy** and **Claudine Cockerell, Dick** and **Nat Dyer, Bob** and **Ruthie Easton, Sid** and **Charlotte Feuerstein, Joe** and **Alice Dershimer Friedman, Ray** and **Pat Gagliardi, Jim** and **Dorothy Gardam, Phil Good, Bill** and **Marjorie Jenney, Lee** and **Barbara Jones, Mike** and **Gerri Lau, Mark** and **Margaret Lindsey, Sam May, Larry** and **Barbara Morin, Ray** and **Margery Parks, Chick Sherwood, Joe** and **Mary Stanton** and **Ken** and **Nickie Steele.**

The class was saddened to learn of the death of Torchy Brown not long before the reunion and shocked to learn that **John Flynn**, who so admirably led us into the Hoffbrau for a delicious dinner the first evening, died suddenly in his home only a few days after the reunion had ended.

News of members who had not made it back was shared with members each contributing what they knew. **O. Roger Hollan** and wife, **Edie**, were on their way to the Oberammergau Passion Play. **Bill** and **Evelyn Laupus** were working on the State of North Carolina's Legislature and Governor for another year of support and are rapidly developing East Carolina Medical School where Bill is the dean. Other deans in the class include **Fitzhugh Pannill.** There are many chairmen of departments, several who are the heads and organizers of private multispecialty clinics, HMO's, partnerships and other care-giving groups. Those in governmental activities include: **Charlie Lowe**, while professors, chiefs-of-staff, practitioners and administrators abound.

It is clear that the class of '45, often described as "the forgotten class of World War Two" has achieved significant leadership in medical affairs in this country and abroad.

The secretary would be pleased to hear from all members and circularize the class with more details of those not present at the alumni reunion.

1950 – Thirtieth

By Russell Anderson

Members of the class of '50 came together at New Haven to celebrate the 30th reunion.

The class dinner was held at the Graduate Club where for entertainment then-and-now photos of class members were projected, evoking amusing stories about the members of the class.

Archie Golden announced his resignation as class secretary after thirty years of service to his class and to Yale; **Lyal Asay** was elected class secretary. The class also made a contribution to the Yale Alumni Fund.

The following members attended: **Russell Anderson, Lyal Asay, Sylvia Axelrod, William Bucher, Alvin Davis, Claude Delia, Kent Ellis, Lloyd Felmy, Jr., Thomas Ferraro, Jr., Daniel Fine, David Frucht, Archie Golden, Wallace Kemp, Jr., Lucian Lapinski, Sidney Lee, John LeRoy, Harold March, Harry McClelland, Orlando Miller, and Martin Smith.**

1955 – Twenty-Fifth

By Bill Lattanzi

I am pleased to report that the twenty-fifth class reunion was a success beyond all expectations. We had a marvelous turnout of classmates coming in from all over the country, even **Ion Gresser** from Paris.

The weekend began with a series of short presentations in the Brady Auditorium. **John Bailar, III**, discussed the problems inherent in recommending breast cancer screening in different age groups. **Ed Bittar** spoke of the membrane mechanism of action of aldosterone and was followed by **Sandy Zuckerman** who discussed patients with "impossible" recovery with recovery. **Bob Fekety** brought us up to date on antibiotic associated colitis and the role of *Clostridium difficile*. **Van Freeman** informed us on the medical genetics program in Texas and he was followed by **Bill Edward** who gave us a state of the art talk on current concepts in surgical management of diabetic retinopathy. Bill showed a fascinating film depicting microsurgical techniques of removing exudates from the diabetic retina. **Jim Nolan** prepared us for the cocktail party which was to follow by telling us of the role of gut derived endotoxin in liver injury and suggesting

1960 – Twentieth

By Jerrold Post

that alcohol might slow down the liver in protecting us from the poisons that come from our intestinal flora. **Bill Lattanzi** ended the session with a talk on the diagnosis of lactose intolerance by breath hydrogen. Everyone felt that it was a very successful and worthwhile two hours.

The next scheduled function was a cocktail party and buffet party at the Lattanzis' which was attended by 43 classmates and their spouses. This gave everyone an opportunity to talk to each other at length and provided the opportunity to catch up on twenty-five years of history. After a day of alumni activities at Yale, most of those present visited the Center for British Art and had a guided tour. Most agreed that it was a fascinating experience. A dinner at the Tivoli Restaurant with our guests Dr. and Mrs. Tom Forbes and Dr. and Mrs. Ed Crelin took place. The restaurant served a magnificent meal and everyone departed to get some much needed sleep after this exhausting routine.

The following morning the **Landaus** hosted a lavish brunch which was a perfect end to a magnificent weekend. One sorrowful note was that **Bob Kramer** could not attend because he was recuperating from a recent illness. We all wished him a rapid recovery.

The following returned for reunion: **Dorothy Leib, Phil Smith, John Bailer III, Ed Bittar, Joseph McGuire, Ion Gresser, Padraic Burns, Robert Reich** and with their spouses: **Sherwin Nuland, Nicholas Coassin, Gloria Cochrane Onque, Joseph Boylan, Alexander Zuckerbraun, Ed Brennan, Joseph Camilleri, Robert Fekety, Robert Peters, Alexander Maitland, Ed Coppola, Thomas Harkness, Jack Landau, Dave Nelligan, Greg Peterson, Irwin Braverman, William Edward, John Atwater, Leo Cardillo, Jim Nolan, and Bill Lattanzi.**

Thanks should be given to the committee in New Haven who arranged the reunion and to the Office of Alumni Affairs and Connie Quick Tolliver who was very helpful in mailing the necessary notices. We all look forward to the thirtieth class reunion and hope that there will be enough interest to warrant a scientific session of greater duration and that another weekend such as this will be in our future.

The 20th reunion for the hardy band of 60 Med stalwarts who journeyed to New Haven was a splendid affair, awash with nostalgia and vodka martinis. Thirteen stalwarts from our class, many graced with their lovely wives, traveled from all corners to reach what Smiley of Public Health fame called the ideal climate for civilization to flourish. **Jack Barchas** officially changed his class affiliation to be congruent with his heart and ours and traveled from California for the festivities. Joining Jack in a tie for the traveling from the farthest away award were **Stu Bowne** and **Paul Friedman** who shared impressions of the Republican nominee. Though the California contingent may have come from farthest away, the farthest out award assuredly went to **Vic Altshul** who reached deep into the recesses of his unconscious (which have always been very close to the surface) to share in great detail with us the profound dream he had recurrently during the first year of medical school. Hmmm. We were all most grateful to Vic for this most revealing insight as well as for the fine arrangements he made for cocktails and dinner at the Yale Faculty Club.

There was a mini-reunion within the larger reunion when the dissecting team of **Cimmino, Kugelman** and **Post** regrouped, this time over roast beef and shrimp rather than RoseMary. Both **Fred Palace** and **Al Newcomb**, who radiate together, came in from New Jersey with their lovely wives who were original settlers in the married dorm. Another member of that select crew were **Buzz** and **Pat Robinson** who came down from Waterford, Connecticut for the day. **Ed Lang** who has been inviting several of us to contribute to the Medical Alumni Fund and practices neurosurgery in a Washington, D.C. suburb was with us. **Jon Courtney**, who takes a gentler approach to the brain, came in from Philadelphia. And from Milwaukee, Wisconsin, certainly the most exotic specialist in our class, **Rick Kindwall**, who after training in psychiatry now specializes in barometric medicine (from hot air to air under pressure).

We spent much of the evening sharing where we have been the past twenty years, and dredging up murky impressions of what the rest of the class were up to, for a newsletter which I hope to

have out shortly. For those of you who would like to be noted accurately and have not sent me your cards as yet, it is not too late, for I would put little reliance on the alcohol-clouded and fading memories of our merry band. (Stargazer, we were sorry to hear you were arrested in your Superman costume.)

1965 – Fifteenth

by Margretta Seashore

The May class reunion for the class of 1965 was great fun, with 16 classmates attending, many with spouses. Contestants for the greatest distance travelled included **Frank Grady**, from Texas, and **Mark Lischner**, from California. After enjoying the cocktail party at Harkness, the group returned to dinner, hosted by **John** and **Greta Seashore** at their home. Dinner was enhanced by a phone call from **John Schilke**, from Oregon, with his best wishes from Mt. St. Helen's ash country. **John Austin, Larry Ossias, and Gibby Rachleff** came from New York City with **Reid Heffner** coming from Buffalo. The New Jersey contingent included **Phyllis Hurwitz Duvdevani** and **Bob Pickens**. In addition to the Seashores, **Bob Gryboski, Dave Hill, Ginny Burnham Johnson** and **Phil Askenase** made up the group from Connecticut, with **Mohandas Kini** arriving from Boston, and **Bob Weiner** from Leominster, Massachusetts. Those who did not make it missed a great evening; we haven't changed a bit!

1970 – Tenth

By Robert Rosa

The 10th reunion of the Yale Medical School class of 1970 was held this spring at the Racebrook Country Club. **Scott Peterson** and his wife, Jean, were responsible for organizing this elegant affair. Present at the reunion dinner were **Joseph** and **Julie Chusid**. Joe is a pediatrician in Milwaukee. Others present included **Daniel** ('67) and **Elissa Arons** (Elissa is a psychiatrist in Boston); **Gerry** and **Kathy Kennealey** (Gerry is an oncologist practicing in Waterbury, Connecticut); **Paul** and **Patricia Hessler** (Paul is a radiologist in R.I.), **Dennis** and **Reissa Shield** (Dennis is a urologist in Connecticut); **Anne** and **Paul Lucky**

1940

(both are dermatology residents at Yale); **Jonathan** and Susan **Katz** (Jonathan is an anesthesiologist in New Haven); and **Lynn Whisnant Reiser** (Lynn is a psychiatrist in New Haven).

Others present included **Phil** and **Mary Ellen Steeves**, **Lenny** and **Ellen Milstone**, and your secretary, **Bob Rosa**, who is presently a nephrologist in Boston. The evening spent at the Racebrook Country Club was a delightful one and allowed all of us to catch up on the lives and events of those present. We all left looking forward to our next reunion in five years.

Other Class Notes

1932

Conrad Lam was among eleven pioneers in cardiac surgery honored at the annual meeting of the American Association for Thoracic Surgery last spring. Dr. Lam was cited for his work in induced cardiac arrest and early use of heparin, an anticoagulant. Each honoree's work and special interests (such as Dr. Lam's love of music) were depicted in a color booklet available to each person attending the event.

Dr. Lam serves as consultant to Henry Ford Hospital's Division of Thoracic Surgery and is chairman of the Hospital's Archives Committee which gathers and organizes memorabilia of the 65-year old hospital. He is also conductor of the Franklin Village Band.

1939

Ward McFarland was honored this past spring by his colleagues at Lawrence and Memorial Hospitals in New London, Connecticut. They presented him with a plaque which reads in part, "In Grateful Appreciation for 23 Years of Devoted Service as Chief of Orthopedics" and which has now been placed in the Orthopedic Unit B-1 of the Hospital.

Dr. McFarland joined the medical staff in 1948 and in 1957 became chief of the Orthopedic Section in the Department of Surgery, a position he has held until January of this year. He will continue as chief of staff at Lawrence and Memorial, a position to which he was named in 1963.

Lee Sannella is the author of a book entitled "Kundalini - Psychosis or Transcendence?", a comprehensive exploration of the kundalini process, synthesizing concepts and observations from anthropology, Oriental literature, and Western medical science. The volume includes medical case studies of persons undergoing the "kundalini awakening or rebirth process." Originally issued in 1976, it has subsequently appeared both in hard cover and paperback published by H. S. Dakin Company of San Francisco.

Dr. Sannella, a psychiatrist and ophthalmologist located in San Francisco, discusses criteria for recognizing the rebirth process and how to distinguish it from psychosis. Counseling and therapeutic techniques are also described.

1944

Lawrence Crowley has been appointed vice president for medical affairs at Stanford University, where he has served as acting vice president and dean at the Medical Center for the past 20 months until his appointment in August.

Before coming to Stanford, Dr. Crowley had served on the faculties at Yale and the University of Southern California. From 1964 to 1974 he was professor of surgery at Stanford, then in 1974 he was named dean of the University of Wisconsin in Madison. After three years he returned to Stanford as professor and deputy dean.

1956

Joseph Cerny, chairman of the Department of Urology at Henry Ford Hospital in Detroit, has been elected president of the Transplantation Society of Michigan and will also serve as director of a subsidiary organization, the Organ Procurement Agency of Michigan.

The Society's purpose includes education of physicians in the state concerning transplantation and encouraging transplant research. The Agency, whose work deals primarily with kidney procurement, is responsible for making arrangements for acquisition of donor organs and matching them with potential transplant recipients.

Dr. Cerny was among the Society's founders in the early 1970's and has served on its board of trustees since its inception.

1973

William Choctaw wrote recently: "I have been appointed instructor in the Department of Surgery at the University of Southern California School of Medicine. Also, I have been appointed associate director of the Burn Center, Los Angeles County-USC Medical Center. This burn center is the largest civilian burn center in the country."

House Staff

1955

Since July 1979, **Arthur Donovan** has served as professor and chairman of the Department of Surgery at the University of Southern California School of Medicine and director of surgery at the Los Angeles County-University of Southern California Medical Center. Prior to his move to Los Angeles, Dr. Donovan was professor and chairman of the Department of Surgery at the University of South Alabama in Mobile where he also served successively as acting dean and vice president for health affairs from 1974 to 1977.

Note: *The news item regarding Dr. Donovan in the summer issue of Yale Medicine was in error.*

In Memoriam

'10 M.D.	Thomas H. Russell, July 1, 1980
'26 M.D.	John B. Lauricella, August 7, 1980
'28 M.D.	Saul Michalover, November 6, 1979
'29 M.D.	Victor H. Kugel, July 5, 1980
ex '30 M.D.	Perry T. Hough, M.D., April 4, 1980
'37 M.D.	Clair B. Crampton, May 16, 1980
'37 M.D.	Margaret Dann, July 5, 1980
'39 M.D.	Henry B. Streng, July 7, 1980
ex '39 P.H.	Mrs. Leon R. Foster, April 26, 1979
'45 D.P.H.	Rodolfo Dos S. Mascarenhas, M.D., 1979
'53 M.P.H.	Horace A. Brown, June 18, 1980

Results of 1979–1980 Alumni Fund Campaign

July 1, 1979–June 30, 1980

Fund Officers 1979–80

Medical School Alumni Fund

Harvey L. Young '52, *Chairman*

Malvin F. White '39, *Vice Chairman*

William K. McClelland '47, *Vice Chairman*

John L. Cieply '71, *Vice Chairman*

J. Roswell Gallagher '30, *Bequest & Endowment Co-Chairman*

Samuel D. Kushlan '35, *Bequest & Endowment Co-Chairman*

Russell B. Scobie '29, *In Memoriam Chairman*

Epidemiology and Public Health Alumni Fund

Kathleen H. Howe '56, *Co-Chairman*

Samuel B. Webb, Jr. '63, *Co-Chairman*

Dear Medical School Alumni:

Each year the support you give to the Medical School Alumni Fund is absolutely essential to the student financial aid programs at the School. This year 1,747 alumni, house staff alumni, parents and friends contributed a total of \$163,126 which is a slight increase over the amount raised last year.

I would like to thank the donors who contributed so thoughtfully to the Fund. I would add a special thanks to all the class agents who worked so diligently for this important and much needed project at the School.

Sincerely,

Harvey L. Young, '52
Chairman

Message from the Dean

The Medical School Alumni Fund continues to be a very important source of new money for student financial aid. With higher tuition (\$6750 per year as of 1980) and the ever-increasing cost of living, money for student aid is one of the School's major needs. Therefore, as in the past several years, income from the 1979–80 Alumni Fund will be used to provide additional student loans. These funds will enable us to continue to recruit outstanding students who are unable to meet the full cost of a medical education.

I want to express my sincere appreciation to Harvey Young and all those class agents and officers of the Fund, who have worked so diligently on this year's annual giving program. I also want to thank those graduates, former house staff, parents and friends who have contributed to this year's campaign. Your support of the Yale program of medical education is deeply appreciated.

Sincerely,

Robert W. Berliner

Message from the Chairman of Epidemiology and Public Health

After your magnificent response to the special Kay Howe Scholarship appeal, almost anything less would be disappointing by comparison. Even so, the total of nearly \$15,000 for this past year is a most welcome sum to help meet our ever increasing need for student financial aid. On behalf of the department, our alumni representatives, faculty and students, I express appreciation for the continued support of our faithful contributors and invite all others to join generously in this year's giving.

Sincerely,

Robert W. McCollum

Medical School Class Participation

<i>Year</i>	<i>Agent</i>	<i>1978-79 Total</i>	<i>1978-79 % Part.</i>	<i>1979-80 Total</i>	<i>1979-80 % Part.</i>
1908-20		\$1,074	25%	\$ 696	33%
1921	Barnett Greenhouse	235	60%	35	67%
1922	Edward T. Wakeman	318	54%	245	55%
1923	William Cohen	525	55%	600	60%
1924	Myron A. Sallick	6,599	67%	1,470	100%
1925	Alice A. S. Whittier	565	57%	725	74%
1926	Maxwell Bogin	520	48%	455	47%
1927	Henry Irwin Fineberg	1,234	36%	993	42%
1928	Max Alpert	2,002	68%	1,843	62%
1929	Paul F. McAlenney	2,032	79%	1,630	80%
1930	J. Edward Flynn	2,859	42%	3,124	59%
1931	Michael D'Amico	1,070	47%	1,150	50%
1932	Storer P. Humphreys	2,285	48%	813	52%
1933	Frederick Wies	1,233	41%	2,260	50%
1934	Dewitt Dominick	1,828	43%	1,932	64%
1935	James Q. Haralambie	2,320	56%	1,858	68%
1936	Hannibal Hamlin	1,738	33%	6,688	40%
1937	David Dolowitz	2,041	53%	1,751	57%
1938	Nelson Ordway	895	44%	1,105	52%
1939	Robert G. Ernst	2,123	48%	1,765	43%
1940	James F. Ferguson	2,265	59%	2,050	62%
1941	Charles B. Cheney	1,645	59%	1,575	54%
1942	Walter J. Burdette	7,522	51%	1,852	50%
1943 (Mar.)	Jonathan Lanman	1,905	43%	1,525	46%
1943 (Dec.)	S. Brownlee Brinkley	1,545	57%	1,922	46%
1944	Nicholas P. R. Spinelli	7,844	67%	2,735	57%
1945	Richard W. Breck	2,645	63%	4,232	69%
1946	Julian A. Sachs	3,395	57%	3,726	57%
1947	William Roy Breg	2,315	58%	1,720	53%
1948	Paul Koehler	1,995	57%	2,495	56%
1949	Daniel Elliot	1,970	47%	2,178	50%
1950	Archie Golden	2,908	66%	10,278	66%
1951	Lowell I. Goodman	2,565	34%	3,196	39%
1952	Harvey L. Young	2,250	38%	3,298	47%
1953	Vincent Lynn Gott	3,018	51%	2,710	56%
1954	John K. Rose	4,475	64%	3,679	63%
1955	Robert A. Kramer	3,310	55%	4,015	58%
1956	John H. Gardner	7,180	57%	4,915	57%
1957	William J. Waskowitz	3,665	56%	3,755	60%
1958	Charles A. Hall, Jr.	6,065	49%	5,320	54%
1959	Asa Barnes, Jr.	6,810	61%	5,620	63%
1960	Thomas P. Kugelman	6,030	50%	6,105	56%
1961	Jon D. Dorman	3,505	50%	4,000	51%
1962	A. Richard Pschirrer	2,500	54%	3,855	60%
1963	Craig H. Llewellyn	3,000	43%	3,725	51%
1964	William J. Houghton	2,702	56%	3,545	69%
1965	David A. Hill	2,547	53%	5,999	60%
1966	Mary Alice Houghton	3,123	68%	2,538	52%
1967	James Dowaliby	2,525	56%	2,995	62%
1968	Frank E. Lucente	2,045	55%	1,815	49%
1969	Lee Merrill Jampol	4,064	64%	3,717	62%
1970	James R. Missett	1,116	40%	2,167	49%
1971	John L. Cieply	2,668	55%	2,611	49%
1972	Paul A. Lucky	760	33%	1,140	40%
1973	David Bailey	910	30%	1,595	43%
1974	Peter J. Buchin	344	28%	448	26%
1975	Daniel Passeri	331	13%	414	20%
1976	Sarah Auchincloss	138	10%		
	Robert F. Taylor			320	16%
1977	David Kreis	490	27%	580	19%
1978	Duke Cameron	440	29%	741	22%
1979	Barbara Peters			160	10%
Medical Alumni		155,226	46%	153,973	48%
Former House Staff		4,368	18%	5,142	19%
Parents/Friends		3,186		4,011	
Medical School Alumni Fund Total		162,780		163,126	

Contributors to the 1979-80 Fund

1908

Michael A. Parlato

1912

Walter C. Tilden

1920

Joseph Weiner

1921

Ella W. Calhoun

Barnett Greenhouse

1922

Benedict R. Harris

Chester E. Hurwitz

Helen P. Langner

Reginald T. Lombard

Henry B. Rollins

Edward T. Wakeman

1923

William Cohen

Joseph Epstein

Samuel Karelitz

Jacob Mellion

Julius A. Olean

Hymen W. Weinstein

1924

John J. Batchelor

D. A. D'Esopo

Edward M. Gould

David M. Raskind

Myron A. Sallick

Morris Slater

Jacques D. Sorfer

Harold T. Vogel

1925

Israel E. Blodinger

Dorence S. Cowles

Edward A. Cramton

Waldo F. Desmond

Henry W. Ferris

Matthew Griswold

Stanton K. Livingston

William J. Logan

Davis H. Pardoll

Thomas R. Preston

Samuel Rehack

Welles A. Standish

Alice A. Whittier

Howard A. Wood

1926

Stanton T. Allison

Maxwell Bogin

Charles M. Goss

Morris Hinenburg

Ben Klotz

Milton Malev

Alexander E. Rosenberg

Richard M. Starr

C. E. Woodruff

1927

Milton B. Berman

Hymen Cohen

Hymen I. Fineberg

Meyer Friedenson

Herman H. Goldstein

Albert Jablonsky

Nathan Levy

William C. Meredith

M. D. Tyson

George H. Zinn

1928

Max Alpert

Clement E. Batelli

Berthold R. Comeau

Sheldon A. Jacobson

Ralph E. Knutti

Ferdinand G. Kojis

R. H. Lockhart

Harry C. Oard

Nathan I. Ross

Robert I. Rubinstein

Alvin A. Schave

Lewis A. Scheuer

George C. Wilson

1929

James R. Arneill, Jr.

John W. Cass, Jr.

Frank H. D'Andrea

Lydia G. Dawes

Charles J. Epstein

Olive Gates

George S. Goldman

John A. Hangen

George P. Jackson

Vernon W. Lippard

Paul F. McAlleney

Tony L. Rakieten

Russell B. Scobie

Benjamin Spock

Robert Tennant

Felix F. Tomaino

F. E. Tracy

Mabel Wilson

Herman Yannet

1930

Frederick F. Boyce

Frank H. Couch

Robert D. Cunningham

Lewis Dickar

Vincent A. Doroszka

Knox H. Finley

J. E. Flynn

J. R. Gallagher

James C. Hart

Edmund L. Kitzmeyer

Paul H. Lavietes

Moses D. Lischner

John W. Maroney

John C. Mendillo

Paul Watson

Amy H. Wilson

Charles L. Wood

1931

Dana L. Blanchard

Henry H. Briggs, Jr.

Benjamin Castleman

Michael D'Amico

Helen R. Gilmore

Paul A. Harper

Harold E. Harrison

Thomas C. Jaleski

A. P. LaFrance

Rhoda M. Mickey

Nelson Newmark

Sheldon Payne

Morris Rakieten

Ahraham J. Schechter

1932

Louis K. Alpert

Henry Brill

Frank Carroll

Clement C. Clarke

Hester B. Curtis

Joseph P. Donnelly

Lewis F. Foster

Conrad R. Lam

Mario L. Palmieri

Arthur Present

Elizabeth M. Ramsey

Benjamin N. Tager

Rudolph E. Vandever

Myron E. Wegman

Edmund A. Zybulewski

1933

Lee E. Farr

Franklin M. Foote

Jack Greenberg

Daniel F. Harvey

John G. Martin

Raymond E. Miller

Ashley Pond, III

Lester Q. Stewart

Frederick A. Wies

Francis M. Woods

1934

Leona Baumgartner

Frederick Beck

James F. Blades

Joseph Budnitz

Dewitt Dominick

Derrick A. January

Knowles B. Lawrence

Herbert C. Miller

Donald R. Mills

Lucien M. Pascucci

Harry Sherman

George Zalkan

1935

George A. Carden, II

Maurice A. DeHarme

Sawnie R. Gaston

H. H. Groskloss

James Q. Haralambie

Henry L. Hartman

W. H. Horner

Norman E. Peatfield

Norman P. Rindge

Milton Rose

Clark Searle

Jack C. Sleath

Walter A. Thompson

Paul H. Twaddle

Ashbel C. Williams

Samuel Zelman

1936

George H. Brown

Albert W. Diddle

Franklin F. Ferguson

Margaret C. Gildea

George D. Gross

George A. Hahn

Hannibal Hamlin

Louise G. Hutchins

E. R. Kimball

Philip M. LeCompte

Frederick A. Post

Hugh A. Smith

Robert H. Stevens

Morris Tager

1937

Edmund R. Blower

Margaret Dann

David A. Dolowitz

D. C. Greene

Joseph B. Hollinshead

Wilbur D. Johnston

Alfred E. King

Dunham Kirkham

Julia Mehlman

James P. Morrill

Charles W. Neuhardt

T. D. Pratt

Alan A. Rozen

Morgan Sargent

Albert D. Spicer

John M. Thomas

Jean Wells

Lucille R. Wiepert

Lorande M. Woodruff

1938

Roy N. Barnett

Henry L. Carideo

Roberta Crutcher

John A. Dillon

S. C. Kasdon

Edward Nichols

Nelson K. Ordway

Edward W. Pinkham, Jr.

James Radcliffe, Jr.

George E. Roberge

Theodore W. Steege

Lester J. Wallman

1939

William H. Druckemiller

John P. Ferguson, Jr.

S. J. Greenfield

Paul E. Huston

Margaret A. Lennox

Russell Nahigian

Ernest L. Sarason

Bradford Simmons

Rebecca Z. Solomon

Stuart S. Stevenson

Henry B. Streng

John D. Tobin

Arthur S. Tucker

Darrell G. Voorhees

John H. Wentworth

Malvin F. White

1940

Theodore E. Allen

Joseph V. Baldwin

Jack S. Blaisdell

Philip S. Brezina

Crawford J. Campbell

Thaddeus S. Danowski

Wynant Dean

Robert M. Dunlap

James F. Ferguson, Jr.

John C. Haley

Henry D. Humphrey

H. S. Irons, Jr.

Donald G. Johnson

John D. MacAllister

Paul D. MacLean

Edward Martin

William R. Oakes

Maurice Ross

Joseph E. Sokal

J. C. Taylor

Patricia E. Wanning

John B. Wells

Helen H. Woods

1941

Robert H. Alway

Robert H. Areson

W. R. Bell

Knute E. Berger

Marvin Blum

Hugh H. Butler

William A. Carey, Jr.

Joseph P. Carson, Jr.

Charles B. Cheney

Herbert W. Diefendorf

Robert F. Dine

Lloyd D. Flint

John Franklin

Robert L. Gilbert

Frederick P. Glike

William Lee

Lawrence C. Perry
Philip H. Philbin
Edgar B. Phillips, 2d
Olive E. Pitkin
Irving Rudman
Igor Tamm
Ellis J. Van Slyck
Laura B. Weed
M. H. Williams, Jr.
1948
Russell J. Barnett
Edith M. Beck
Allyn G. Bridge
Ruth E. Cortell
G. R. Downie
Marie C. Duncan
Boy Frame
Emil Frei, 3d
Julian Frieden
Allan Green
B. H. Griffith
Sylvia P. Griffiths
Richard M. Hannah
Ross R. Harcus
W. R. Johnson
Paul B. Koehler
Robert C. Lawson
Robert E. Lempke
John P. Morris
John B. Morrison
Gerald R. Nowlis
George P. Rostel
Lewis P. Rowland
Benjamin F. Rush, Jr.
Jerome H. Shapiro
Anne G. St. Goar
Paul Talalay
Wallace W. Turner
Paul W. Weld
1949
William G. Anlyan
Richard L. Barach
Jonathan S. Bishop
Mary P. Couchman
Phillip G. Couchman
N. J. Ehrenkranz
Daniel W. Elliott
Gunnar O. Eng
Albert A. Fisk
Frederick Forro, Jr.
Frederic W. Gray
Jackson Harris
Robert C. Howard
Benjamin A. Johnson
Orval L. McKay
Timothy F. Nolan, Jr.
Richard D. Otis
Julian I. Pichel
Edmund L. Piper
Charles L. Rennell, Jr.
Murray Z. Rosenberg
Carl M. Russell
William H. Sewell
Ruth Spielmeier
Raymond D. Sudarsky
Mary P. Wine
1950
Russell N. Anderson
Lyal D. Asay
Sylvia L. Axelrod
John E. Borowy
William H. Bucher
Alvin Davis
Kent Ellis
Lloyd M. Felmly, Jr.
Thomas J. Ferraro, Jr.
Daniel Fine
Yvette F. Francis
Carl A. Gagliardi
Archie Golden

Wallace M. Kemp, Jr.
Lucian S. Lapinski
Sidney S. Lee
Milton E. Lesser
Margaret S. Lyman
Harry L. McClelland
Robert T. McSherry
John H. Meyers
Orlando J. Miller
Robert T. Sceery
Cynthia B. Shimm
Jane B. Shumway
Martin E. Smith
John S. Strauss
1951
Karel B. Absolon
Goffredo Accetta
Thomas T. Amatruda, Jr.
Stanley D. Ardell
Paul R. Bruch
Eleanor Clay
John J. Egan
Sidney S. Furst
Joseph M. Garland
Ralph M. Gotstein
Lowell I. Goodman
Robert N. Hamburger
Carroll K. Iverson
William Kiekhofer
Francis L. Merritt
Albert R. Mowlem
Richard S. Munford
Charles A. Nugent, Jr.
Arthur A. Pava
Majie S. Potsaid
William A. Taylor
Herbert P. Ungricht
1952
John W. Arnold
Kenneth G. Bartels
Charles W. Chace
Frank R. Coughlin, Jr.
Richard N. Deniord, Jr.
Raymond S. Duff
James R. Durham
William J. Johnson
William W. Klatchko
William R. Letsch
James K. Luce
Robert F. Owen
Sidney N. Paly
Robert G. Petersdorf
Leonard Rush
Mary W. Schley
Donald H. Schultz
Robert B. Schultz
William F. Stephenson
Virginia L. Swanson
John H. Wagner, Jr.
Doris L. Wethers
John L. Wolff
Harvey L. Young
Robert Zeppa
1953
Claude Bloch
Harold D. Blostein, Jr.
William R. Chatfee
Allen Chetrick
Rex B. Conn
Melvin H. DeGooyer
Louis R. Del Guercio
James P. Dunn
Donnell D. Etzwiler
Vincent L. Gott
A. D. Hauser
George L. Hoffman
Peter B. Hukill
Robert F. Kiley, Jr.
Richard R. Knowles, 3d
Hildegard M. Leslie

Preston L. Leslie
John D. Lord
Robert N. Melnick
Harvey M. Peck
Warwick Potter, Jr.
Paul G. Quie
Jose Ramirez-Rivera
John D. Rice, Jr.
Barbara F. Rosenberg
Irwin K. Rosenberg
Virginia C. Salt
William L. Shepard
Richard A. Sinnott, Jr.
Lynn C. Stoker
Matthew A. Tandysh
William J. Vandervort
William A. Wilson, Jr.
1954
W. D. Ashworth
Frank P. Berg
George W. Bostwick
Richard J. Bouchard
George N. Bowers, Jr.
Ralph K. Campbell
Alan H. Covey
Arthur C. Crovatto
Donald D. Davis
Bruce Draper
Edward J. Gerety
Frank L. Gruskay
Nicholas A. Halasz
Robert P. Hatch
Walker R. Heap, Jr.
Herbert S. Hurwitz
Robert F. Hustead
Robert J. Joy
Donald S. Kornfeld
Lowell A. Kristensen
Harry C. Miller, Jr.
Paul N. Neuteld
James J. Nora
William J. Paule
Anthony V. Piccirillo
Richard D. Pullen
Jacques M. Quen
Edwin R. Ranzenhofer
Earl D. Rees
John K. Rose
Elihu M. Schimmel
Leonard M. Silverman
Robert L. Stein
Martin B. Vita
John W. Vosskuhler
1955
John B. Atwater
John C. Bailar, III
E. E. Bittar
Douglas G. Boyden
Irwin M. Braverman
Edward N. Brennan
Padraic Burns
Joseph A. Camilleri
Leo R. Cardillo
Nicholas A. Coassin
Edward D. Coppola
Pasquale J. Costa
John G. Daley
Fred W. Doyle
William O. Edward
Leroy Engel
F. R. Fekety, Jr.
James C. Garlington
Barbara W. Gibson
Paul Gonick
Dicran Goulian, Jr.
Jon Gresser
John H. Hodge
D. F. Johnson, Jr.
Harry O. Kendall
David R. Kessler

Robert A. Kramer
William E. Lattanzi
James Lum
Alexander Maitland, III
Joseph S. McGuire, Jr.
Robert C. Nodine
Gloria C. Onque
John C. Pace, Jr.
Robert H. Peters, Jr.
Gregory Peterson, Jr.
Robert A. Reich
Paul J. Robinson, Jr.
F. B. Scott, Jr.
Phillip W. Smith
Alan A. Stone
Alexander Zuckerbraun
1956
Alan E. Apfel
Alvin D. Benjamin
Peter Blos, Jr.
Levon Z. Boyajian
Thomas M. Brown
Rosalie A. Burns
Edwin L. Child
James C. Collias
Donald J. Dalessio
Chandler Dawson
S. E. Downing
Mitchell Edson
Gilbert M. Eisner
John H. Gardner, III
Sumner Gochberg
George E. Green
Val S. Greenfield
Armen C. Haig
John H. Hart
Robert L. Hill
William H. Hindle
Theodore E. Hoffman
George T. Kammerer
Jerome O. Klein
William V. Lewit
Leo Lutwak
Norman F. Moon
Donald J. Nalebuff
William M. Narva
A. F. North, Jr.
David A. Page
John Y. Pyo
Robert Lee Scheig
James Scheuer
Edward C. Senay
Benjamin A. Shaver, Jr.
Donald W. Sherrick
Daniel R. Silbert
Donald R. Sperling
Theodore K. Tseu
1957
Joseph S. Amenta
Jack N. Blechner
Harry C. Briggs
John P. Carey
Brian Crowley
Thomas H. Danaher
James R. Dorr
Edward L. Eyeran, Jr.
Salvatore Falbo
Harold J. Fallon, Jr.
Robert E. Fishbein
Ronald H. Fishbein
James R. Fitzgerald
Anthony L. Fons, 3d
Elizabeth H. Forsyth
Robert H. Glass
Anne H. Good
Jack P. Green
Gilbert F. Hogan
Warren R. Johnson
Richard L. Kahler
William L. Kissick

George C. Knovick
Edgar H. Levin
Jack Levin
Bennett F. Markel
Mark D. Marshall
David E. Martin, III
Howard A. Minners
Robert K. Modlin
Hugh L. Moffet
George A. Nelson, Jr.
Herbert A. Newman
Thomas F. O'Brien, Jr.
Joseph S. Pagano
Raymond E. Phillips
Clifford B. Reifler
Lathrop E. Roberts
Melville P. Roberts, Jr.
Jesse G. Rubin
Arnold A. Schoolman
Stanley Simbonis
Kenneth A. Simon
Gilbert B. Solitare
Robert W. Southworth
Donald C. Stahl
Arthur Taub
William J. Waskowitz
1958
George K. Aghajanian
John P. Arnot
Gerard N. Burrow
Benjamin Bursten
John A. Carlston
Robert V. Diserens
Robert J. Donohue, Jr.
Lawrence Dubin
Donald A. Duncan
Joel C. Eherlin
Philip R. Fazzone
Michael E. Fishman
John C. Gallagher
William M. Gould
James Greenwald
Stanley Harris
Ernest L. Hartmann
Michael Kashgarian
Haskins K. Kashima
Jay W. Kislak
Theodore W. Lieberman
Myron Lotz
Jack W. Love
Thomas J. Mauro, Jr.
Andrew J. McGowan, Jr.
Richard C. Miller
Robert S. Neuwirth
David W. O'Keeffe
Carol F. Phillips
David M. Pugh
William B. Radcliffe
Paul A. Rudnick
William W. Schlaepfer
Thomas R. Shea
Bruce H. Sklarew
Raymond W. Turner
Margaret S. Wenzel
1959
Scott I. Allen
Carol J. Amick
Robert M. Amick
Asa Barnes, Jr.
Francis A. Beer
William C. Butterfield
Edward Call, Jr.
Edwin M. Clayton
Sidney M. Cohen
Martin Colodzin
Lyal S. Crary, Jr.
William L. Donegan
Robert L. Fisher
Robert J. Gonyea
Gerald B. Gordon

W. Keith Hadley
William H. Heydorn
C. Richard Hinckley
Leonard Inker
John J. Jasaitis
Edvardas Kaminskas
David W. Kingsbury
Parry B. Larsen
Myron S. S. Lee
Kathryn H. Lewis
Daniel L. Macken
John C. Marsh
Brian J. McGrath
N. Ronald Morris
James A. O'Neill, Jr.
Robert H. Ostberg
Nicholas M. Passarelli
Charles A. Phillips
Lincoln T. Potter
James D. Prokop
James R. Ralph
David P. Reed
Joseph D. Robinson, Jr.
Joseph D. Saccio
Marvin L. Schulman
Marc D. Schwartz
Owen A. Shteir
David B. Skinner
Sanford P. Solomon
James J. Stagnone
Lisa A. Steiner
Leo H. Von Euler
Muriel D. Wolf
1960
Victor Altshul
Alan W. Ames
Stuart P. Bowne
Donald P. Buebendorf
Stanley M. K. Chung
Neil R. Cooper
Louis A. D'Avanzo
March Enders
Caldwell B. Esselstyn, Jr.
Warren H. Fisher
Paul J. Friedman
Alvin E. Friedman-Kien
Eugene C. Gaenslen, Jr.
James I. Gilman
Maxwell E. Gottesman
Roland H. Ingram, Jr.
William S. Kaden
Eric P. Kindwall
Frank J. Kleeman
Susan T. Kleeman
Thomas P. Kugelman
Edward R. Lang
Thomas Lau
Edward Longo
Eugene G. McCarthy, Jr.
Donald L. Miller
Richard G. Morrill
Allan W. Newcomb
Buford L. Nichols, Jr.
Fred Palace
Jerrold M. Post
Martin L. Reite
Albert M. Ross
John J. Schrogie
Fred Stargardt
Constantine M. Voyagis
Robert C. Wallach
May Y. Wang
Ronald A. Yankee
1961
Kenneth A. Arndt
Earl L. Baker
Albert A. Bechtoldt, Jr.
David W. Brook
Paul D. Deiter
Ralph J. Deponte

Ronald A. Dierwechter
Jon Dudley Dorman
T. Wayne Downey
Christopher F. Durham
Philip Felig
John E. Fenn
Norbert Fleisig
James M. Giffin
Edward C. Gilbert
Robert S. Gillcash
Louis D. Hunt
Richard L. Keefe
Marguerite S. Lederberg
Robert I. Levy
Joseph R. Lusby
David B. Matloff
John A. McCormack
Anoush Mirджanian
Richard A. Moore
John C. Parker
John Pearce, Jr.
Stanley G. Schade
John J. St. Andre
Robert N. Taub
Hugh C. Thompson, III
Franklin H. Top, Jr.
David E. Weaver
Warren D. Widmann
John R. Woodward
1962
Jon M. Aase
Michael H. Alderman
Charles B. Anderson
Frederic P. Anderson
Ann B. Barnes
Spencer J. Brody
Dean E. Burget, Jr.
Fredric K. Cantor
Thomas N. Chase
Richard N. Collins
Oliver T. Dann
Arnold J. Eisentfeld
Joseph D. Ferrone, Jr.
John W. Foreman
LeRoy A. Forstrom
Stephen J. Fricker
John N. German
Roderick C. Haff
John T. Harrington
Frank R. Hartman
Patricia C. Hassakis
J. Dale Howe
Victor W. Hurst, III
Glenn L. Kelly
Bernard Kosto
Alan D. Lieberman
John P. Lynch
Malcolm A. Martin
Allan L. Mattern
Stanley E. Matyszewski
David J. McConnell
William G. Meffert
George S. Miller
William A. Miller
David D. Nicholas
Karlen L. Paulay
A. Richard Pschirrer
Joseph Ross
James A. Spencer
Larry I. Stewart
H. Oliver Stoutland
Seth Thaler
Sherwood Waldron, Jr.
William I. Weber
Stewart R. Wright
1963
Arthur H. Ackerman
Michael R. Alonso
Theodore J. Chu

John E. Conte, Jr.
David F. Cross
James S. Dalsimer
Dudley S. Danoff
Andrew Edin
John P. Eliopoulos
B. Allen Flaxman
William T. Friedewald
David H. Fulmer
Alexander R. Gaudio
F. John Gennari
Lee D. Goldberg
Peter B. Gregory
Robert A. Grummon
Brian C. Judd
Harold P. Kaplan
Constantine D. Kyropoulis
Edward C. Larkin
William B. Lehmann
Craig H. Llewellyn
Sally L. Marchesi
Robert H. Margulis
Herbert Meltzer
Thomas G. Peters
Jay M. Pomerantz
Gene R. Profant
Joseph B. Stevens
Lee B. Talner
Peter V. Tishler
Helen N. Walsh
Seth M. Weingarten
Charles S. Wilson
Alfred J. Wise
1964
William A. Alonso
Berton W. Ashman
Leland S. Berger
Philip Blume
Anthony J. Bravo
Robert M. Briggs
Joseph F. J. Curi
Mary V. DiGangi
Alfonso Esguerra
Anthony Ferrante
Norman C. Fost
Barry Gault
Peter A. Gross
John F. Haney
Christopher W. Hauge
Gene I. Higashi
Richard Hockman
Lawrence Horwitz
William J. Houghton
Sue Kimm
William E. Knight
Lewis Landsberg
Richard V. Lee
Thomas L. Lentz
James S. Levine
Paul R. Lightfoot, Jr.
Richard M. Linburg
Robert W. Lyons
Andrew E. MacMahon
William F. Matchett
Thomas O. McCann
Robert L. Mitchell
James J. Murphy
Donald A. O'Kieffe, Jr.
Howard C. Pomeroy
William B. Pratt
Stanley J. Rosenberg
Richard P. Saik
Robert L. Shelton
Tadashi Shimada
Diane K. Shrier
Donald G. Skinner
A. Thomas Snoke
Lyall C. Stulp, II
Signd L. Tishler
Stephen Waltman

1965
Susan A. Aoki
Thomas T. Aoki
John H. Austin
Paul Balter
Victor J. Burner
Thomas B. Caldwell, III
David Campbell
Dewey A. Christmas, Jr.
Gregory A. Culley
Michael J. Cummings
Carl Ellenberger, Jr.
David S. Fedson
Robert I. Finkel
Richard I. Frankel
Frank J. Grady
William Grossman
Robert A. Gryboski
James K. Gude
Reid R. Heffner, Jr.
David A. Hill
Edgar W. Hull
Carl E. Hunt
Mohandas K. Kini
Robert H. Koehl
Richard J. Kozera
David J. Kupfer
Sandra C. Levine
Mark W. Lischner
Robert R. McMeekin, Jr.
Walter W. Noll
A. Lawrence Ossias
John A. Parrish
Robert L. Pickens
Alan N. Rachleff
Carl R. Reller
William A. Renert
Gene A. Robinson
George B. Rowland
John H. Seashore
Margretta A. Seashore
David M. Shames
David P. Simmons
Harlan Spitz
E. James Stanley
Alan William Stone
Robert G. Weiner
Bert Y. Wong
1966
Benjamin F. Balme
John D. Baxter
Robert P. Bazemore
Frank C. Bell
Jame E. Brown
Eugene P. Cassidy
Donald J. Cohen
Joseph A. Donadio
Robert E. Dragon
Marvin A. Eisengart
Jared M. Emery
Anthony P. Fappiano
Peter M. Fitzer
Robert N. Frank
Peter D. Gibbons
Jeffrey B. Gluckman
Stanley I. Greenspan
Robert A. Gunn
Mary A. Houghton
John B. Howard
Bruce W. Jackson
Wilbur L. Kukes
Lynne L. Levitsky
Henry B. Mann
Robert L. McRoberts
Harold Mellin
Eli H. Newberger
Edward J. O'Keefe
William D. Peterson
Joel Singer
Gary L. Townsend

Lee Van Lenten
Joan T. Wayland
Jon S. Wayland
John W. Wickenden
William B. Yeagley
Arne S. Youngberg
1967
Daniel L. Arons
Edward W. Bartlett
Daniel J. Booser
Gary C. Burget
Marian C. Davidson
James L. Davis, III
James J. Dineen
Alexander F. Dora
James M. Dowaliby, II
John A. Drews
Melvin V. Goldblat
Richard J. Hart
Richard L. Heppner
Peter N. Herbert
George P. Herr
David L. Ingram
Mary Jurbala
Melvyn Korobkin
Carl E. Lane
Anthony P. Lovell
Stephen W. Miller
William J. Mitchell
Joseph L. Morris
Jennifer R. Niebyl
John Northup, Jr.
John O. Pastore
William E. Perkins
Brian F. Rigney
Robert I. Roy
Alfred Q. Scheuer
Stephen C. Schimpff
Sidney C. Smith, Jr.
Helen L. Smits
Lewis S. Solomon
Robert S. Steinberg
Richard B. Swett
M. David Tilson, III
Karen H. Toker
Robert A. Vollero
Joseph F. Walter
Martin Wand
Robert S. Young
Peter M. Zeman
1968
Philip L. Barry
Daniel I. Becker
Grace J. Boxer
Stuart J. Brill
Edward M. Druy
Lamar Ekbladh
Alan G. Finesilver
Richard A. Getnick
Leonard Grauer
Kevin N. Hennessey
John R. Hill, II
Harry S. Holcomb, III
Jeffrey S. Lee
Marc E. Lippman
Frank E. Lucente
Rodrigo Martinez
John A. McCutchan
Maria S. McCutchan
Harmon Michelson
David P. Millett
Richard P. Mills
James B. Morris
Peter Nicholas, Jr.
John A. Ogden
Margot Onek
Francis F. Paul
Jackson B. E. Pickett, III
Gordon H. Sasaki
Jacob J. Schlesinger

Bruce S. Schoenberg
Howard W. Siegel
Gerald L. Springer
Lee H. Strohl
James L. Weiss
Per Henrik Wickstrom
1969
Charles S. Angell
David G. Ansel
Robert E. Belliveau
David A. Berkowitz
Joseph P. Cleary
N. R. Cooke
Leo M. Cooney, Jr.
Richard J. Daly
Charles A. Dinarello
Douglass T. Domoto
Daniel M. Eichenbaum
Ralph J. Falkenstein
Gary S. Farnham
Lesley F. Fishelman
Stephen P. Fishelman
Anna S. Gail
David A. Geer
Robert O. Gordon
Steven M. Herzberg
Thomas C. Howard
Lee M. Jampol
Joel M. Kaufman
Paul H. Kelker
John J. Kelly, Jr.
Rowena Korobkin
Steve Krant
Lynn G. Lagerquist, Jr.
Michael R. Liebowitz
C. E. Long III
Robert L. Marier
Paul A. Markey
Arnold F. Mazur
Ellen B. Milstone
Thomas F. Minehan
Bruce K. Nagle
Lionel M. Nelson
Nancy Olmsted
Deborah A. Putnam
N. B. Record, Jr.
Joseph D. Robinson
Dennis J. Rudzinski
David J. Sahn
Adrian M. Schnall
David J. Schulak
Gerald J. Smallberg
Stephen R. Webb
Steven C. White
1970
Elissa B. Arons
Henry Chessin
Michael J. Chusid
C. N. Coleman
Michael D. Danzig
James E. De Lano, Jr.
Daniel F. Dedrick
Jonathan Ecker
Bruce A. Fabric
Thomas H. Gouge
Paul C. Hessler
Jay H. Hoonagle
Jonathan D. Katz
Mark A. Korsten
Thomas L. Lewis
Steven Lipper
Anne W. Lucky
Jay W. Marks
Leonard M. Milstone
James R. Missett
John J. O'Brien
Walter S. Peterson
Bruce A. Reitz
Robert M. Rosa
Joel F. Rubinstein

Ronald M. Sato
Dennis E. Shield
Stuart S. Shorr
Richard A. St. Onge
Philip E. Steeves
Daniel A. Symonds
Ray W. Tripp III
Brian Weiss
C. B. Wenger
Daniel Wuensch
Karl O. Wustrack
Marc O. Yoshizumi
1971
Judith L. Bader
Willard Cates, Jr.
John L. Cieply
Frederick L. Cohn
Andrew D. Cook
David Cossman
Michael Cynamon
Leonard I. Eisenfeld
Thomas Etkin
Harvey Fernbach
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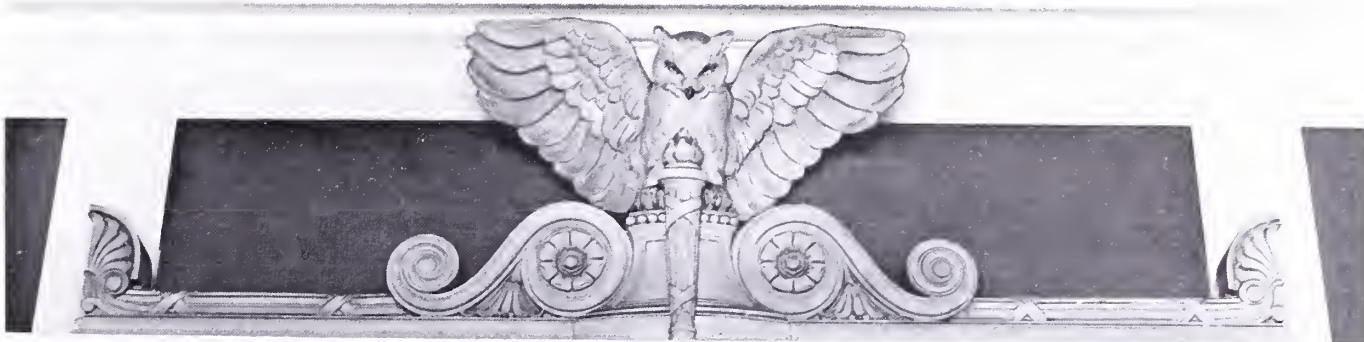
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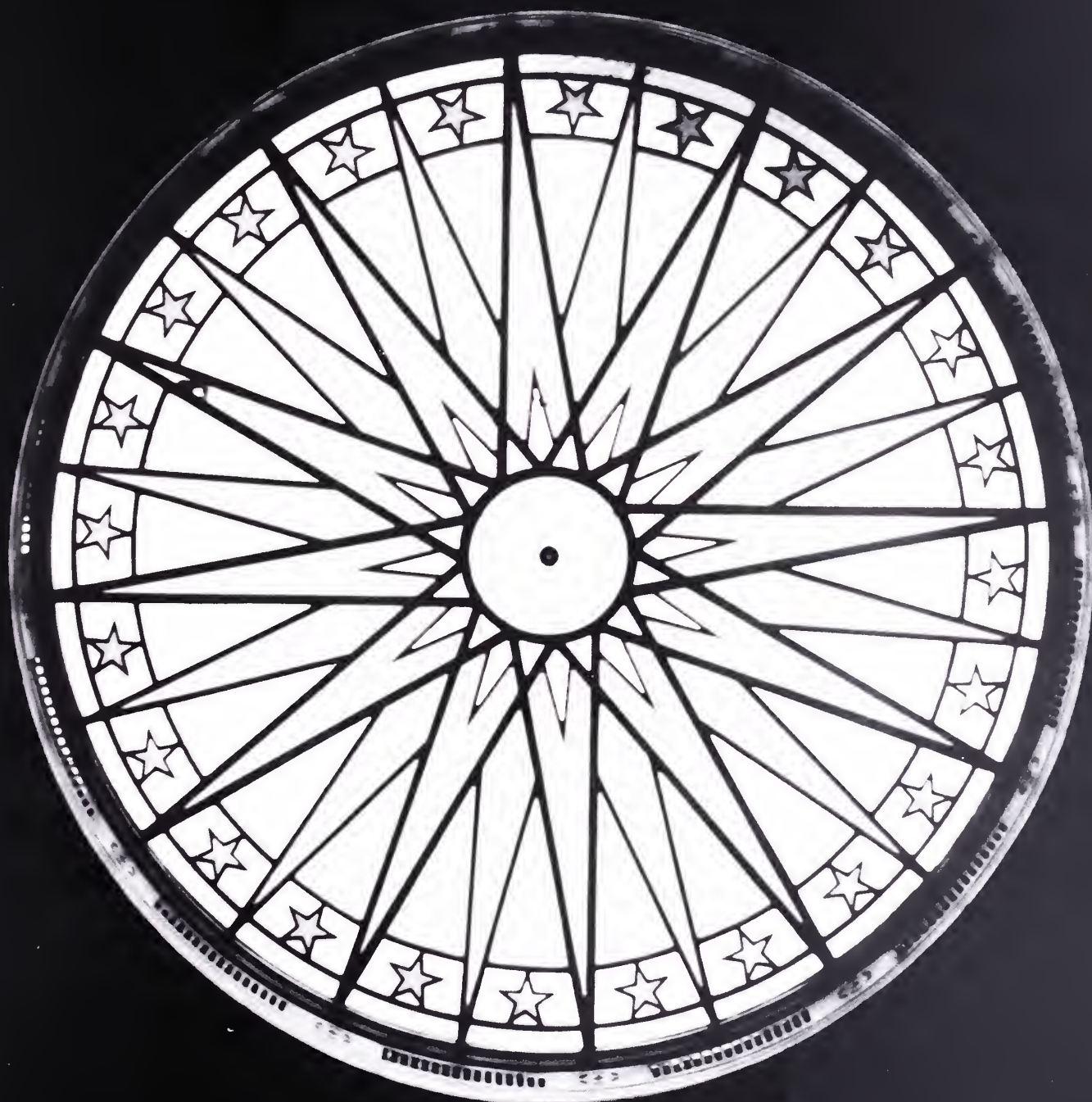
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Cover: Skylight crowns the Cushing Rotunda of the Medical Library.
Photo by William Carter

Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor, 333 Cedar Street, New Haven, Connecticut 06510

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A Message from the Editor

This issue of *Yale Medicine* begins our sixteenth year of publication. It seems an appropriate time to restate our editorial policy. As the Alumni Bulletin of the School of Medicine, *Yale Medicine* tries to keep our readers aware of the activities of faculty, students and alumni. We assume that you are interested in what is going on at the Medical Center and so attempt to inform you about new developments in the educational and research programs at Yale.

We hope that our Alumni News section will reflect the many accomplishments and contributions of our alumni, including those in public health and former house staff and fellows. Therefore, we urge you to let us know what you are doing and to share your achievements with us and your colleagues.

As Dean Vernon Lippard stated in the first issue of *Yale Medicine*: "Perhaps I should tell you what *Yale Medicine* will not be. It will not be a scientific publication in competition with the *Yale Journal of Biology and Medicine* and thousands of others. It will not be impartial; it will have a decidedly blue tinge, and we shall not be disappointed if it excites a modest amount of pride and nostalgia."

We welcome comments and suggestions from our readers.

A TIME OF CHOICE

by Patrick J. O'Connor

*The Yale Medical Library celebrates its fortieth anniversary
— and looks ahead*

Photos for this article are by William Carter



The Cushing Rotunda reflects the architectural elegance of the Medical Library

*Patrick J. O'Connor is associate
editor of Yale Alumni Magazine and
Journal.*

Were Harvey Cushing to visit it today, he would find some surprises in the library he helped build forty years ago.

Although he didn't live to see the Library open, on June 15, 1941, during the fiftieth reunion of his Yale College Class, Cushing — the principal force behind the idea of a major medical library at Yale — knew what was planned for the building. The Library still has the two main wings, one a general medical library, the other a historical library founded on the collections of Cushing and his two great fellow bibliophiles, Doctors John Fulton and Arnold Klebs. And the rotunda that joins the two wings, which bears Cushing's name, is much as it was when the Library opened, although it no longer marks the entrance to the Library. (The corridor leading to the rotunda held Medical School offices when the Library was built.) It would not be the physical structure, mostly unchanged over forty years, that would be a revelation to Harvey Cushing, but what was inside it.

Some of the changes are the result of natural growth. There are more medical students today, more graduate students doing medical research, and several new departments. There are more medical specialties, more medical literature, and more researchers and practitioners who need that literature.

Growth in medicine has meant growth in the Library. The two levels of stacks beneath the building that John Fulton insisted on — stacks that were long called Fulton's Folly by those who thought the Library would never need the space — are full. (Fulton's vision of a historical library whose treasures are housed in dignity and security is, of course, handsomely fulfilled even in 1981.)

The 452,000 volumes in the collection is well beyond the capacity envisioned for the Library. The periodical collection, which Fulton once called "the backbone of a library connected with a medical school," has grown to over 2600 current serial subscriptions. (The cost has grown in forty years, too — one serial alone, *Brain Research*, now costs over \$2,000 per year.) But the space available in the gen-

eral library's reading room, built for earlier times, allows display of only 200 current issues of those periodicals.

Two major changes

The two greatest changes, however, have come not from growth, but from technological advances that might well astound any visitor from forty years ago.

The first of those marvels, photocopying, has revolutionized note-taking and the distribution of information. Gone are tedious handwritten notes and long waits for a reprint of an article. A few pennies per page produces an exact copy immediately.

The utility of the photocopy is demonstrated by the growth in its use. In 1971 the Library made some 103,000/ single copy exposures for photocopying. By 1979 that number had climbed to well over two million. The Library now has five photocopying machines that are in almost constant use. It would have a sixth, perhaps a seventh or an eighth, but the wiring in the front room where the machines are located won't accommodate any more. The builders, after all, didn't anticipate that sort of demand for electricity.

No one could have anticipated the other great technical breakthrough, the adaptation of the computer to medical bibliographic searching. Gone, for a price, is time-consuming searching through *Index Medicus*. A visit to the computer-search office gathers in a few minutes a volume of citations that would have taken days of hand searching. The computer terminal has available to it Medline, the on-line data base equivalent to the last three years of *Index Medicus* (earlier years are available in separate computer files), but that is only the beginning of the wealth of information available to a faculty member, student, local medical practitioner, or an alumnus or alumna. The computer as easily searches through data bases equivalent to *Chemical Abstracts*, or *Psychological Abstracts*, or the *Federal Index*. Or through the *Foundation Grants Index* to find a donor for a research project. Or through the *Comprehensive Dissertation Index* to identify dissertation

research on a given topic. Or even through the *New York Times Data Bank* to find information on toxic shock syndrome that has not yet gotten into scholarly journals.

Technology now being developed holds even greater promise for libraries and library users. The National Library of Medicine, which developed Medline in the sixties, is working on a videodisk system that could fundamentally alter the concept of publishing. Electronic "publication" of journals, whether through videodisks or some other method, would eliminate paper copies. Readers could use computerized bibliographic searching to find references, then scan the articles on a computer terminal screen. If needed, the reader could have a paper copy of the article printed out on the spot, at a fraction of the cost of a whole journal.

Eventually, perhaps as soon as the end of this century, books too would be published in electronic form. While older books and journals would survive — and need to be stored — current publications would take up far less room. And their content would be available to computerized searching, freeing researchers from mechanical tasks to concentrate on the information itself. The resulting increase in the availability of information would rival the change from manuscripts to the printed page that made modern scholarly communication possible.

The problem of space

But while the future is bright with promise, meeting the needs of the present already strains the Yale Medical Library.

The first problem, and the most basic, is space. There isn't enough. Not enough for books, for journals, for readers, for staff. While the Library ranks fourth of 129 American medical school libraries in volumes in its collection, it is *forty-fifth* in physical space. Space that was adequate in 1941 is hopelessly too small today; a 1980 study estimated that the Library needs more than twice the 39,000 square feet it now has if it is to continue to function adequately until the end of the century.

The lack of space has already

driven the Library to off-site storage for periodicals and books published 1870–1920. But the librarians do not like such storage, because it violates the principle of rapid access on which the Medical Library was founded. The only available space for storage is in the basement of the Laboratory of Clinical Investigation, so readers who might want something stored there face a lengthy wait for it.

Off-site storage is, at best, a palliative. That too bothers the librarians. Says head librarian Betty Feeney, "It's not the way to go. It's delaying the day. Sooner rather than later we must build. The physical book will be with us at least until the year 2,000." Growing by several thousand volumes each year, the day cannot be delayed much longer.

Even the reader who only has to find something in the main general library building may begin to feel that he or she has inadvertently wandered into the Labyrinth. "A lot of staff time is spent directing people to the stairs," says reference librarian Sandra Millard. (The reference staff identified over 19,000 "directional questions" answered, 1979/80). Adds Millard, "When I go downstairs to help people find something, it's usually where it should be. But you have to know where that is."

Finding one's way about is particularly difficult for inexperienced users of the library — new student, new house staff, visitors from other institutions. Unfortunately, these users also often come in when the least help is available — late at night and on weekends. Librarians regularly conduct reader-education seminars, but that does nothing to solve the basic problem. As one librarian puts it, "The library building inhibits access."

The volume of photocopying demanded of a medical library — where journals, which do not circulate, are of central importance — makes it harder yet to find what one needs. Since the photocopying machines are far from where the journals are kept, one area outside the reading room is designated for a return and sorting area for materials that have been photocopied. This adds yet another place for the user to

look for material. Although the staff works constantly to get things back on the shelves, the sheer volume makes for delays. (From November 1979 to November 1980 the volume of shelving by the staff went up 18%, to more than 30,000 items in the month. That task alone kept shelvees busy 260 hours each week.)

The wasted hours

One hundred fifty feet. That's the distance a reader walks from the front of the library, where the photocopying machines are, to the reading room, where the most-used journals are. It's much farther to the stacks. And it's a long round-trip to find a journal, take it to the circulation desk, wait for an activating audiotape, and then photocopy the desired article. The amount of time spent simply trudging from place to place adds up to many hours over a medical student's years in the library, hours that presumably could have been used for study.

The architect of the Library, of course, could not foresee photocopying machines or the distances the reader would have to travel. Nor could he anticipate that thinking about libraries would change so drastically in forty years. The Yale Medical Library is built in the once-traditional style: readers in the center of a space, books around the outside. More modern libraries — and many of the nation's best medical library buildings have been building in the last decade — reverse the pattern: books are in the middle, readers spread out around the perimeter, where they interfere less with each other and will, on the average, take fewer steps to find what they want. Copying machines and other frequently used tools are scattered throughout the library for more rapid access. Yale's Medical Library building, unfortunately, could not easily be remodeled to fit a more modern design.

After finding something in the Library, the user faces one last hurdle: finding a place to read it. The Library's 275 seats are adequate for only a fraction of the number of people who use it, and no one knows how many readers must take home material they would prefer to read in the Library. The 1980 space needs

study that called for twice the current space suggested that the Library needs 831 seats for current users alone; 888 would be needed for the number of users projected for the end of the century. There is, however, no room for additional seating.

The cumulative effect of crowded conditions is well summed up in a recent complaint made by representatives of the medical students to the Medical School Council: "In general, the library is an unpleasant space for serious study."

The need for librarians

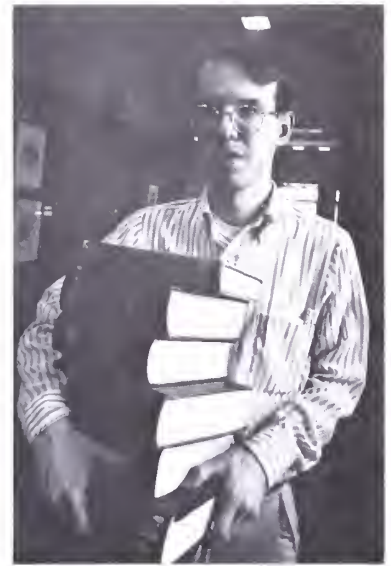
The information resources that a library user can tap through such systems as Medline are immense. But they are not readily accessible for the average user. At present, and in the foreseeable future, a trained reference librarian is a necessity for any user hoping to make full use of complex information resources.

That leaves the user of the Yale Medical Library at a severe disadvantage. Although the Library ranks fourth in holdings among U.S. medical school libraries, it is forty-first in professional staff complement. The size and complexity of the Library, and the number of users, means that the small reference staff is constantly bombarded with questions, questions that range from a book's location to a highly difficult literature search that might take hours.

The flood of information produced by computerized bibliography — or, rather, the sudden ease of availability of information that was already there — has made reference librarians even more essential to Library users. "They rely on us to consolidate information, to help them synthesize what they want," says head reference librarian Bette Greenberg. With older manual methods, Greenberg observes, a researcher might have gotten fifty references on a topic over a three-day period of searching through books. Today a computer searching through data bases can produce 250 references in ten minutes. Without a librarian to help narrow the question and sort through available resources, the researcher is quickly buried in data.

The obvious answer to the volume

It's a long walk from the stacks to the photocopy machines



Overcrowded book shelves



Photocopy Room — two million single copy exposures a year

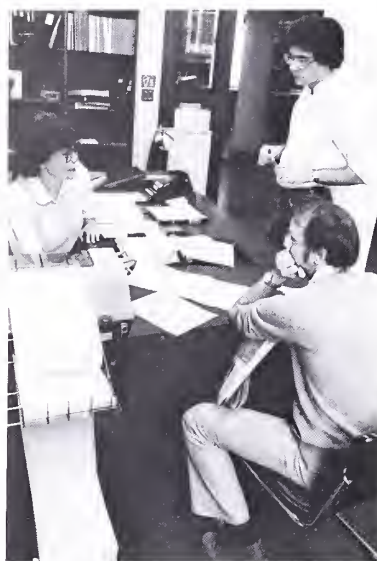


Readers waiting for photocopy auditions

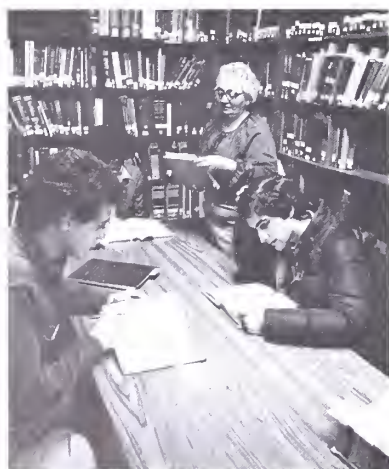
of reference demand — hire more librarians — runs into the space problem again. There just isn't any room for more librarians. Unlike books, librarians cannot be moved off-site or piled up in stacks until they are needed.

In the end, then, it all comes down to one need: more space. A building that was outstanding forty years ago is a straitjacket today. Such a straitjacket that it imperils the ability of the Library to meet the needs of users. The resources — the books, journals, indexes, data bases — are there, the resources of a great library. But they are worth little if users can't find them, or can't find a seat in the Library.

Its fortieth anniversary is also a time of choice for the Yale Medical Library. Head librarian Feeney puts it simply: "It's a critical choice: will we be a major library or not?"



Computer Search Service conducts over 7,000 searches per year



Required reading for all — seats for only a few in the Reserved Book Room



Reading Room — books-to-reader relationship as conceived in 1941



Binding preparation and receipt area for the 2,600 current journal and serial subscriptions

ADOLESCENT MEDICINE

Adolescence and all of its physical and behavioral complexities

has become the focus of a growing medical specialty . . .

by Marjorie Blake Noyes

Traditionally, patients between 10 and 20 years old have fallen, hit or miss, into a no-man's land between pediatrics and adult medicine. Perhaps because a very large segment of the population today are teenagers, and because many of the current major health problems of the nation—alcohol and drug abuse, venereal disease, mental illness, illegitimate pregnancy and serious traffic injuries—directly or indirectly involve young adults, health professionals have realized the importance of a specialized approach to their care.

Adolescents are susceptible to the same illnesses as are children and adults, of course, but there are problems that are unique or at least remarkably common to this young population as well, such as acne, anorexia nervosa, mononucleosis, Osgood-Schlatter disease, dysmenorrhea, and a variety of athletic injuries. Then too, common complaints as well as serious illnesses can be complicated by the patient's feelings of self doubt, new sensations of sexuality, very real worries about height, strength and appearance, as well as intense desires for independence and social acceptability. These feelings are frequently expressed in brash and rebellious social behavior. Often considered typical but trivial problems of "growing up," they are seen by practitioners of adolescent medicine as significant elements in teenage health care.

To be successful in this field, understanding and liking adolescents, and being able to communicate with them and gain their trust, are as important as knowledge of their physiology and diseases, according to Dr. J. Roswell

Gallagher, clinical professor emeritus of pediatrics. Considered the "father of adolescent medicine," Dr. Gallagher had no such intentions when he graduated from the Yale School of Medicine in 1930 and headed south to Pennsylvania Hospital in Philadelphia, where he became chief medical resident.

"Patient care there was the epitome of 'good old medicine' and I found that I liked it," he said. He stayed on after he finished his clinical training, but the nation was in the grips of the Depression then, and to "keep a little money in the till," he also accepted a position as part-time physician at the Hill School, a large and prestigious boarding school in nearby Pottstown. "I hadn't considered pediatrics as a career," Dr. Gallagher admitted, "but I became very interested in adolescents and intrigued with their illnesses." He remained at the Hill School until 1934 when he was appointed as the school physician at Phillips Academy in Andover, Massachusetts, also a boarding school for boys.

For the next 16 years, he created what his colleagues refer to as a model boarding school health service. It was from his experiences there that the basic principles of medical care for adolescents were developed and where his first hand knowledge of their specific problems was acquired.

The health service at Phillips Academy soon became a research station for the study of adolescents and their physical and emotional problems. Colleagues were invited to collaborate on studies aimed at finding causes for and/or improving

treatment of common ailments like measles, mumps, strep infection and athletic injuries as well as growth problems and language difficulties. "We had a captive audience there," Dr. Gallagher recalled with a smile.

The medical problems of that time differed somewhat from problems of teenagers today. It was before widespread use of antibiotics, and pneumonia and other upper respiratory diseases were common, as were injuries such as sprinter's fracture. Behavioral problems during the thirties and forties seem mild, almost simplistic by today's standards. "Young people then had a different way of acting out their frustrations. They refused to study, or ran away from home or school, but we didn't see much alcohol or drug abuse then, and teenage pregnancy was rare," he observed. "Basically, though, kids today aren't different—society is different, much more permissive."

While Dr. Gallagher was at Andover, he was an "unofficial" consultant in teenage medicine to Harvard Medical School and Boston Children's Hospital. "We did a lot of interesting studies—the effects of gamma globulin on measles, for instance, or the effects of stress on physical fitness, what fluoride did to prevent tooth decay. It was fascinating."

In 1951, when the first unit in the country specifically for adolescents was established at the newly built Children's Hospital, he was named its chief. The unit was small in the beginning—an office, examining room and a secretary's office, but Dr. Gallagher was given *carte blanche* to develop a model unit for the ambulatory care of adolescent

patients, and he went about it with his customary enthusiasm and vigor. "It was to be a small intimate place where the patients could feel comfortable. The emphasis was in treating the *whole* patient—not the disease," he said. He insisted that the first priority was to provide optimal care. When that was achieved, training and research would be priorities as well.

The clinic was designed so that each patient was assigned to a physician who would follow his health care needs throughout adolescence. Consultants would be consultants to the physician, not the patient. Patience and understanding were stressed, as was the necessity to teach the young patients to take responsibility for their own health care. Parents were consulted and informed about progress and procedures, but the physician-patient relationship was the most important factor.

The clinic grew in size and scope. It has provided care for thousands of adolescents as well as served as a prototype for adolescent clinics in medical centers throughout the country. The training program there has prepared a large number of the men and women now involved in adolescent medicine programs.

In 1967, Dr. Gallagher retired from Children's Hospital and from Harvard Medical School, where he was clinical professor of pediatrics. He and his wife returned to New Haven, where they were prepared to live a leisurely life of bird watching and travel. "It didn't last long," he remarked wryly. That year, the Yale School of Medicine was planning an adolescent unit, and Dr. Gallagher was enlisted to provide leadership in its development.

The program and basic philosophy of the Medical program for Adolescents at Yale are reflections of Dr. Gallagher's years of experience. The success of the program, directed by Dr. Walter R. Anyan, Jr., associate professor of pediatrics, can be measured by the well over 2,000 patient visits there in the last year. In addition to Dr. Anyan, the clinic patients are cared for by two nurse practitioners with a special interest in adolescent medicine—Lois Sadler and Jeanne

Ruszala; and a fellow in adolescent medicine, Daniel Krowchuk. Mrs. Elizabeth Murray, a very busy and cheerful woman, provides the important service of receptionist. "The relationship with the patient begins with the contact made by the patient or the family to arrange care," Dr. Anyan explained, "and it really develops with the first visit. The physical setting of the clinical facility must be one in which care can be provided comfortably to the adolescent The personal reception given adolescents on their arrival should be interested, respectful of their maturity, and indicative of the tone of the clinical care that follows."

Many of the patients come to the clinic on their own. Some have heard of it from a friend who comes and finds it "a good deal when you need help." Others are referred by physicians or school health nurses. Far and away the greatest number of patients are girls who are concerned with pregnancy or its avoidance. Sex-related problems have superseded alcohol and drug abuse in recent years, according to Dr. Anyan, perhaps because teenagers in the area have learned to handle drugs, or perhaps because of the numerous drug abuse clinics now in the community.

Other problems presented in the clinic include mental illness, athletic injuries and conditions related to chronic illnesses. There are more than 70 anorexia nervosa patients, most of whom are girls.

The Medical Program for Adolescents includes an in-patient unit to provide care for seriously ill teenagers. Patients in this Unit, which is directed by Dr. Anyan and Dr. John E. Scholwater, professor of pediatrics and psychiatry, are given total care by a team of physicians, nurses, social workers, psychiatrists, recreational therapists and a high school teacher. It is obvious at a glance that they understand teenagers and are able to quickly establish a rapport with their patients. "This is very important here," observed Danna Weidner-Fuchs, the head nurse. "A teenager still has all of the complicated feelings of maturing and the same reactions even when he or she is very sick, and it is important for

the staff to understand this and to be able to handle it."

Many of the patients in the Unit are terminally ill, others permanently injured from serious accidents, still others are chronically ill. Nevertheless, the atmosphere there is casual and friendly. Patients are encouraged to socialize with each other, and the nursing staff as well as the social workers and therapists do a great deal to establish a feeling of warmth and caring.

Parents are very welcome visitors, but they are not encouraged to spend the night with their children except in extreme cases. "There is always the temptation for care givers as well as for parents to baby these kids," Ms. Weidner-Fuchs said, "but we have to realize that it is essential for their self esteem as well as their emotional development to give them as much independence and privacy as possible. Patients are taught to change their dressings, give themselves medication and so forth, so that when they leave the hospital they can help take care of themselves.

Dr. Gallagher never planned adolescent medicine as a narrow specialty, but rather as a set of principles based on an understanding of physical and emotional development, to guide health professionals in dealing more effectively with teenage patients. His concepts were based on his very intimate knowledge of what makes adolescents tick.

His approach to the care of young people offers the medical profession an opportunity to recognize developmental handicaps and inappropriate emotional and physical responses to stress, while the patient's personality is still plastic and amenable to change. "The resiliency, capacity for change and ability to quickly form a temporarily trusting, close relationship with an adult who is interested in them, and in turn, trusts and respects them, are factors that play a much larger role in this age group's medical care than in any others," he observed.

The Happiest Place on Campus



Nice days at about 10 in the morning or in mid-afternoon, a small procession can be seen making its way slowly and amiably down Cedar Street, through armies of white-coated physicians, medical students and other serious looking Medical Center workers dashing back and forth. Leading this incongruous little group is a sleepy infant in a stroller gently pushed by a smiling woman, who with her other arm, is pulling a large red wagon loaded with three active toddlers babbling at passersby. They are on an outing from the Phyllis Bodel Infant-Toddler Center, a cozy, happy place in Harkness Dormitory.

The Phyllis Bodel Infant-Toddler Program at the Yale School of Medicine, Inc., was conceived and organized by women faculty and postdoctoral fellows in the School to facilitate contact between women in medicine, particularly nursing mothers, and their infants. With assistance from the Office of Women in Medicine and the Yale Housing Department and with the support of Dean Berliner, the Center was opened in October 1979.

Although the idea of an infant-toddler day care center at the workplace is not new, this is one of only a few in a medical school setting. For the mothers in the Program, and those on the waiting list, the concept of toddler care near the Medical Center is extremely important. "The demands of academic medicine are

so great that many women involved in it think long and hard before deciding to have a child. Others put it off, often too long," observed Dr. Susan Pitman, who with Dr. Carole Stashwick, assistant professor of pediatrics, was one of the founders of the Program.

Dr. Pitman, assistant professor of medicine, is the mother of two boys, the youngest of whom is enrolled in the Center. "Some women decide to take a year or two off to have children, but the decision to jump off the academic ladder is a hard one, because it is very difficult to catch up after an absence of even a year. For this reason, some women decide not to have children, others give up their careers. Infant-toddler day care centers at or near the workplace are a good solution to the problem."

In a small homelike setting, which includes a kitchen, playroom, crib room and nursing room, especially designed to meet all regulations for an accredited day care center, seven small children are cared for by two, sometimes three, women who obviously love them. The women are on their hands and knees as often as they are on their feet, playing with the active, feeding juice and snacks to the hungry, soothing the tearful, and rocking the sleepy. Jennifer Saltman, the Program director has a degree in early childhood development. She, as well as her assistants, Elizabeth Costello and Laurie Johnson, are the

epitome of kindness and gentleness, and they are extremely capable as well. All three women have been with the Program from the beginning, providing reassuring continuity for parents as well as children.

Enrollment in the Center is limited to children from six weeks to two years old. Preference is given to children of nursing mothers with a faculty, postdoctoral or student appointment at the School of Medicine. "Women are given preference over men, not because men do not need the Center, but because the purpose of the Center is to provide excellent care for children in order to allow improved productivity of women in medicine," according to Dr. Pitman, who is president of the Board of Directors. The eleven member board consists of three faculty members who do not have children attending the Center; five parent representatives whose children do attend; one faculty advisor whose specialty is child development with an interest in day care; one advisor from the Office for Women in Medicine and the Program director. The Center is named in honor of the late Dr. Phyllis Bodel, who was associate professor of medicine. The mother of three children, Dr. Bodel was an active proponent of programs for women in medicine and the first faculty director of the Office for Women at Yale.

The Center is small, large enough to care for only seven infants and

toddlers at a time. The cost for enrollment is significant — \$351 a month, yet, the Center is operating at full capacity, serving nine families (two part-time), with a waiting list of 27 families with School of Medicine affiliation. The only real problem seems to be one of not enough space. There is enough demand for expansion of the present program, and the directors, as well as parents whose children are enrolled feel that it would be in the best interest of the infants and toddlers cared for to remain one, perhaps two additional years to minimize stresses of changing to another "home away from home," with new care givers. This cannot happen, however, until significant financial support is raised, and space as convenient and as attractive as the present facilities can be found. **M.B.N.**



Jennifer Saltman, the Program director, almost always has her arms full. Her description of the Program is simple and direct. "We provide love and care. For some, changing diapers can be a very routine task. We use that time for a little extra special attention — to play and smile."



It's crowded in the small kitchen at lunchtime, so Sarah Shiang-Tsien and her parents, Julia Shiang, an

intern in family therapy, and Richard Tsien, professor of physiology, enjoy lunch together in the play room. "Yes, I would have continued my internship and spent a lot of time and gas going back and forth between the Medical Center and home, but this is such a happy solution," Julia Shiang said. "If the Medical Center were close to a residential neighborhood, a place like this wouldn't be necessary. As it is, with the Program here, we can spend more time together as a family."



Laurie Johnson of the Center gives young Tommy Hillemeir a snack before his mother comes to spend lunchtime with him. She is a nurse working towards her master's degree in the School of Nursing. Tommy's father is a postdoctoral fellow in pediatric gastroenterology. They both are able to visit Tommy in the Center during the day.

Dr. Susan Pitman and her son, Isaac Lowenthal, enjoy a quiet time in the nursing room. Dr. Pitman's involvement in the founding of the Program is a rather direct result of trying to make the best of both worlds when her first son, Simon Lowenthal, was born, and finding it rough going. Nursing her baby and being with him were extremely important to her, yet succeeding in her academic career mattered as well. She found herself spending a great deal of time in her car, driving between the medical school, where she is assistant professor of medicine, and the home of her son's caretaker, several miles away. In addition, she was not at all confident that her small son was getting the kind of care and loving attention she wanted him to have.



Photos for this article are by William Carter



Elizabeth Costello and Alisha Lee wait for Alisha's mother. "The Center has been crucial for our family," Muriel Hamilton-Lee, a research associate in the Child Study Center, acknowledged. "I was going to delay returning to work after Alisha was born because I really wanted to nurse her." Alisha has been coming to the Center since she was three months old. According to Mrs. Hamilton-Lee, she has "blossomed socially, and learned to trust adults other than those in her family."



Assistance from parents is always welcome — especially just before lunchtime, when everyone is awake and very active! Debbie Peckham, left, shares her mother's lap with Catlin Stashwick, daughter of Dr. Carole Stashwick. Mrs. Peckham is a pediatric nurse in the Primary Care Center. "To be honest, I think children here get more attention than they might get at home," she said. "Don't forget, mothers have to do the laundry, cooking and cleaning, as well as take care of their babies. The women here devote all of their time to caring."



Brie, who arrives at the Center at noon, gets a helping hand from her father, Eugene Kimball.

J.D. Levine



Dr. Root

Earl Colter Studio



Dr. Sasaki



Dr. McKhann

Paul B. Beeson Professorship of Medicine Established

An endowed professorship honoring Dr. Paul B. Beeson, has been established in the Department of Internal Medicine and Dr. Richard K. Root, professor of medicine, has been appointed the first incumbent. The Paul B. Beeson Professorship of Medicine was the gift of an anonymous donor.

Dr. Paul Bruce Beeson, who was Ensign Professor of Medicine and chairman of the Department of Internal Medicine from 1952 to 1965, is internationally recognized as a distinguished medical scientist and scholar as well as an outstanding teacher. In 1975 Yale University awarded him an honorary Doctor of Science degree. The citation read in part, "You have found the balance between science and humanity in pursuit of academic medicine. At Yale and later at Oxford you brought new depths of scientific sophistication to clinical investigation and clinical practice."

Dr. Beeson, who is Distinguished Physician of the U.S. Veterans Administration and professor of medicine at the University of Washington, has made significant contributions to the understanding of infectious disease, particularly the causes of fever and of kidney infection. He had been professor and chairman of the Department of Medicine at Emory University prior to his appointment to Yale in 1953. During his chairmanship, the Department of Internal Medicine at Yale grew from about a dozen members to nearly 70 at the time of his resignation in 1965 to become Nuffield Professor of Clinical Medicine at Oxford University.

An alumnus of the University of Washington, he received his M.D. degree from McGill University in 1933. In addition to recognition from Yale University, he has received honorary Doctor of Science degrees from Albany Medical College (1968) and Emory University (1971). He was awarded the 50th Anniversary Gold Medal of Peter Bent Brigham Hospital in 1962; the Britol Award of the American Society of Infectious Disease in 1972; and the Kober Medal of the

Association of American Physicians in 1973. In 1968, the University of Washington named him *alumnus summa laude dignatus*. On his retirement from Oxford University in 1973, he was made Honorary Knight Commander of the British Empire.

Dr. Richard Kaye Root is chief of the Section of Infectious Disease and vice-chairman of the Department of Internal Medicine. His investigations of the biochemistry of phagocytosis have attracted international attention, and techniques he developed for these studies have made important contributions to the understanding of the biochemistry of phagocytes—cells which engulf microorganisms, other cells and foreign particles.

Prior to his appointment at Yale in 1975, Dr. Root had been chief of the Infectious Disease Section and a member of the faculty of the Department of Medicine at the University of Pennsylvania School of Medicine. He received a B.A. degree *cum laude* from Wesleyan University in 1959, and an M.D. degree in 1963 from the Johns Hopkins University School of Medicine, where he was a Dennison Scholar.

He was an intern and assistant resident in medicine at Massachusetts General Hospital, and chief resident and instructor in the Department of Medicine, University Hospital, University of Washington. In addition, he was clinical investigator, then senior investigator in the Laboratory of Clinical Investigation, National Institute of Allergy and Infectious Diseases, National Institutes of Health. In 1971, he was appointed assistant professor of medicine at the University of Pennsylvania, and was promoted to associate professor in 1973.

Dr. Root is a member of Phi Beta Kappa and Alpha Omega Alpha honor societies, as well as a number of professional societies including: the Infectious Diseases Society of America; American Society for Clinical Investigation; Association of American Physicians; American Society of Hematology, and Association of American Immunologists. He is a Fellow of the American College of Physicians.

Appointment of Dr. Sasaki as Chief of the Section of Otolaryngology Announced

Dr. Clarence T. Sasaki, associate professor of surgery (otolaryngology), has been appointed chief of the Section of Otolaryngology in the Department of Surgery. He succeeds Dr. John A. Kirchner, who was chief of the Section for thirty years. Dr. Kirchner, professor of surgery (otolaryngology) and a leader in research on the pathology and physiology of the larynx and pharynx, will continue as professor and as an active member of the Section.

Dr. Sasaki, who is recognized for his studies of tinnitus as well as for his investigations into the cause of Sudden Infant Death Syndrome, is also known for his research and clinical skills in head and neck surgery. He is co-author with Dr. B.F. McCabe and Dr. Kirchner of *Surgery of the Skull Base*, soon to be published by Lippincott Company.

Born in Honolulu in 1941, Dr. Sasaki received a B.A. degree, *cum laude*, from Pomona College Claremont, California, and an M.D. degree from the Yale School of Medicine, where he received the Keese Prize. Following internship at San Francisco Hospital, he was an assistant resident in the Department of Surgery, Dartmouth Medical Center.

He interrupted his residency program to serve in the Medical Corps of the United States Army Reserve from 1968 to 1970. For his service as Captain in the 95th Evacuation Hospital, Danang, Vietnam, he was awarded the Army Commendation Medal.

In 1970, he resumed his postgraduate medical education as assistant resident in the Section of Otolaryngology at Yale-New Haven Hospital. He was chief resident there from 1972 to 1973, when he was appointed instructor in the Department of Surgery. He was made an assistant professor the following year, and promoted to associate professor in 1977, when he was also named director of the Laryngeal Physiology Laboratory.

In 1979, The American Laryngological, Rhinological, Otolological

Society presented Dr. Sasaki the Fowler Award for Basic Research; and in 1980, he received the Honor Award of the American Academy of Otolaryngology. A Diplomate of the National Board of Medical Examiners and of the American Board of Otolaryngology, he is a member of a number of professional organizations including the American Academy of Ophthalmology and Otolaryngology; the American Society of Head and Neck Surgery, and the American College of Surgeons. He is a member of the editorial board of *Annals of Otolaryngology, Rhinology, and Laryngology*.

Dr. McKhann Appointed Professor of Surgery

Dr. Charles F. McKhann has been appointed professor of surgery. Because he is a leading investigator in the fields of tumor immunology and surgical oncology, as well as an outstanding teacher, Dr. McKhann has been recruited to come to Yale to develop a Division of Surgical Oncology, according to Dr. Arthur E. Baue, chairman of the Department of Surgery. "In this capacity he will provide a strong liaison between the Department and the Comprehensive Cancer Center."

Prior to his appointment at Yale, Dr. McKhann had been professor of surgery and microbiology at the University of Minnesota since 1968. A graduate of Harvard College, he received an M.D. degree from the University of Pennsylvania in 1955. He served his internship and residencies at Massachusetts General Hospital, where he was an American Cancer Society Clinical Fellow. He also received a Special Research Fellowship of the National Cancer Institute in 1961 to study in the Department of Tumor Biology, Karolinska Institute, Stockholm.

In 1964, he joined the Harvard Medical School faculty as an instructor in surgery, and was appointed assistant in surgery at Massachusetts General Hospital, where he was named Andres Soriano Investigator in Oncology.

Dr. McKhann was awarded a Macy Foundation Fellowship in

1978-79 at the Swiss Institute for Experimental Cancer Research in Lausanne. He is a member of a number of professional societies including the American Association for the Advancement of Science; the American Association for Cancer Research; American Association of Immunologists; and the Association for Academic Surgery. He is a member of the editorial boards of *Cancer*; *Journal of Surgical Research*; *Clinical Immunology and Immunopathology*, and *Cancer Research*.

Department of Surgery to Sponsor Postgraduate Course

The Department of Surgery will sponsor the Postgraduate Course in General Surgery on May 28-29. Guest participants will include Larry C. Carey, M.D., chairman of the Department of Surgery, Ohio State University; Robert E. Condon, M.D., professor of surgery, The Medical College of Wisconsin; Oliver H. Beahrs, M.D., professor of surgery, the Mayo Clinic, and Hiram C. Polk, Jr., M.D., chairman of the Department of Surgery, University of Louisville. Information brochures will be mailed in the spring. Further information may be obtained from the Department of Surgery, Yale School of Medicine, 333 Cedar Street, New Haven, CT 06510.

Alumni Weekend June 5 and 6, 1981

Stone Award Presented to Michael Lerner, a Student

Michael Rush Lerner, a candidate for the M.D./Ph.D. degree, has received the Wilson S. Stone Memorial Award for outstanding research achievement in biomedical sciences by a predoctoral or postdoctoral student. The prestigious award honoring the late Dr. Stone is given annually by the M.D. Anderson Hospital and Tumor Institute of the University of Texas System Cancer Center.

As a student in the laboratory of Dr. Joan Steitz, professor of molecular biophysics and biochemistry, Mr. Lerner has attempted to learn more about the structure and function of ubiquitous RNA-protein complexes from eukaryotic cell nuclei. According to Dr. Steitz, "his work has literally blasted open a whole new area of eukaryotic molecular biology."

Using as a tool, antibodies associated with the disease lupus erythematosus, he began to dissect the structure and function of small RNA-protein complexes, which are found in all cells but which previously have been poorly understood. He was able to identify three distinct classes of small nuclear and cytoplasmic ribonucleoproteins (RNPs) whose RNA and protein components are currently being characterized. The subsequent discovery of the role that these small nuclear RNAs play in the formation of messenger RNA is of fundamental significance for information processing in animal cell nuclei.

"Lerner's research has made major contributions to the understanding of gene expression in mammalian cells, and should be of particular importance to those scientists interested in rheumatology and tumor virology," the Wilson S. Stone Memorial Awards Committee stated.

Michael Lerner received his B.A. degree in 1974 from the University of Pennsylvania, where he graduated *magna cum laude with distinction in chemistry*. He received the American Chemical Society Award in 1974, and was a Fellow in the Medical Scientists Training Program at Yale from 1974 to 1980. He

is currently a Charles E. Culpeper Fellow.

The Wilson S. Stone Memorial Award was established ten years ago to honor Dr. Stone, a member of the faculty of The University of Texas at Austin for 33 years. It was his goal to encourage promising young research scientists to direct their intellectual endowment and talent to all biomedical sciences. The award ceremony was held in Houston on March 4th.

University Council Committee Has Been Reorganized

The Yale University Council's Committee on Medical Affairs has been reorganized this year under the chairmanship of Dr. William L. Kissick. The primary function of the Council is to study the major educational programs and activities of the University and to offer recommendations for their improvement. This work is carried out by the Council's various committees, each of which has as chairman a Council member appointed by the President of the University. Committee members are not necessarily Yale alumni — many come from outside the Yale alumni body, often from outside the academic world; but they are all individuals who have particular expertise in the committee's area of responsibility. The Committee of Medical Affairs has as its responsibility the School of Medicine, including programs in Epidemiology and Public Health, and the School of Nursing.

The newly appointed chairman, Dr. Kissick, holds four Yale degrees, B.A. '53, M.D. '57, M.P.H. '59, Dr.P.H. '61. He has been the George Seckel Pepper Professor of Public Health and Preventive Medicine at the University of Pennsylvania since 1969. He also serves as professor of research medicine in the School of Medicine and professor of health care systems in the Wharton School. As director of the health policy and planning program of the University's Leonard Davis Institute of Health Economics, he is responsible for graduate curricula, research initiatives, and

advance management development programs.

During the 1960's, Dr. Kissick served in the Kennedy and Johnson Administrations in a variety of planning, programming, and policy positions. As director of Program Planning and Evaluation for the U.S. Public Health Service he had responsibilities for the development of far ranging initiatives in biomedical research, health manpower, health care facilities, and health systems planning.

Other members of the committee are: Mr. Jack R. Aron (B.A. '28), president of the J. Aron Charitable Foundation; Dr. George A. Carden, Jr., (B.A. '31, M.D. '35), clinical professor of internal medicine at Columbia University College of Physicians and Surgeons; Dr. Robert J. Glaser, president of the Henry J. Kaiser Family Foundation; Dr. June Osborn, professor of medical microbiology and pediatrics and associate dean of biological sciences at the University of Wisconsin; Dr. Rozella M. Schlotfeldt, professor of nursing and former dean of the School of Nursing, Case-Western Reserve University; and Dr. Reuel A. Stallones, dean of the School of Public Health at the University of Texas in Houston.

The committee held its initial meeting at Yale on February 10 and 11, 1981.

Creative Writing Award Established in Honor of Dr. Marguerite Lerner

The Marguerite Rush Lerner Award has recently been established at the School of Medicine to be given each year to a graduating medical student for outstanding creative writing, either written or performed, not necessarily of a serious nature. The award honors Dr. Marguerite Lerner, professor of dermatology, who retired in January 1981. Selection of the student to receive the award will be made by a special committee and the award will be announced at Commencement.



Drs. F. L. Holmes, George A. Silver, Arthur J. Viseltear, Robert E. Shope, above left to right, sharing responsibility for planting a sapling reputedly descended from an ancient tree of knowledge. Augustus J. Kellogg, who is not in the photo, also participated in the ceremony.

From This Small Sapling . . .

On December 1, shortly after noon, five men from the School of Medicine gathered in the courtyard outside the Medical Library. Some had shovels. They had come to plant a rare Oriental plane tree sapling, alleged to be a descendant of the "Tree of Hippocrates," under which the 5th century Greek physician taught the art and science of medicine.

The sapling was grown from seeds presented to Dr. Silver for the School of Medicine by Dr. William C. Gibson, chairman of the Universities Council of British Columbia, and a former student of Dr. John F. Fulton, the first chairman of the Department of the History of Medicine at Yale. Dr. Shope took 25 of them to his brother, William Flemer III (M.A. '47) of the Princeton Nurseries, Kingston, N.J., who planted and nurtured them.

Seven of the rare seeds germinated. If the one planted in the library courtyard survives the winter, the others will be planted nearby. Admittedly, the sapling is scarcely more than a twig, but historians typically are optimists. "The purpose of this endeavor is to establish a small park — a "Hippo-

cratic Grove," with benches and a patio," said Dr. Viseltear. "It would be a place for contemplation and study, or a pleasant spot to enjoy one's lunch and pass the time of day."

The John F. Fulton Memorial Lecture

Colonel Robert J. T. Joy, professor and chairman of the Department of Military Medicine and History, School of Medicine, Uniformed Services, University of the Health Sciences, delivered the annual John F. Fulton Lecture on October 31 in the Medical Historical Library. Colonel Joy's talk was entitled "Stanhope Bayne-Jones, Medical Officer."

Educated at the University of Rhode Island (B.S. 1950), the Yale School of Medicine (M.D. 1954), and Harvard University (M.A. 1965), Colonel Joy is an internationally known historian of medicine, specializing in military medicine. He is the recipient of the Osler Medal of the American Association for the History of Medicine, the William P. Clements Award for the Outstanding Uniformed Services Educator at the Uniformed Services University of the Health Sciences, and is author of numerous monographs and scholarly essays.

Named for the late John F. Fulton, Sterling Professor of the History of Medicine, and funded by Dr. Bern Dibner, director of the Burndy Library, Norwalk, Connecticut, the John F. Fulton Memorial Fellow is selected annually by a committee of the Beaumont Medical Club.

Professor Owsei Temkin Was 1980 Sigerist Lecturer

Professor Owsei Temkin, William H. Welch Professor Emeritus of the History of Medicine and former director of the Institute of the History of Medicine at The Johns Hopkins University, delivered the annual Henry E. Sigerist Lecture in the History and Sociology of Medicine on October 24, 1980. He

spoke on "Hippocrates in a World of Pagans and Christians."

Professor Temkin, for over forty years one of the preeminent historians in the world, is author of *The Falling Sickness: A History of Epilepsy From the Greeks to the Beginning of Modern Neurology*; *Galenism: The Rise and Decline of a Medical Philosophy*; and *The Double Face of Janus*, a collection of his most prominent essays.

Professor Temkin is the recipient of the William H. Welch Medal of the American Association for the History of Medicine and the George Sarton Medal of the History of Science Society.

An Invitation from the Yale Journal of Biology and Medicine

The *Yale Journal of Biology and Medicine* has recently undergone an administrative face-lift. In July 1980, the *Journal* severed its association with its previous publisher-subscription agent and is now its own publisher. In order to facilitate this change, the entire billing and mailing program has been computerized in a microcomputer recently purchased for the office. As a result, the *Journal* is now able to provide speedier and more economical publication than heretofore. This is in addition to the prompt and personal service always extended to authors.

In January 1981, the *Journal* sponsored publication by Praeger Publishers of its issue on clinical virology as a separate textbook, under the editorship of Dr. G-D. Hsiung. The possibility of reprinting other material from the *Journal* in book form is under consideration.

In addition to its continuing interest in publishing original research articles and reviews, the *Journal* will welcome discussion with organizers of scholarly symposia who hope to obtain rapid publication of part or all of the proceedings of their meetings.

For further information, please write to the *Yale Journal of Biology and Medicine*, 333 Cedar Street, New Haven, CT 06510, or call the Journal office, 203-436-2179.

Hope Building Will be Renovated for Teaching

With grants of \$1 million from the Pew Memorial Trust and \$500,000 from the Ira W. DeCamp Foundation, the School of Medicine will proceed with plans to renovate the Jane Ellen Hope Building. The project will greatly enhance teaching facilities for medical students as well as for participants in the School's Continuing Medical Education programs.

Built in 1902 on the corner of Congress Avenue and Cedar Street, the Hope Building is the oldest structure on the medical campus. Originally the clinic building of the School, it has recently been the site of various offices and research laboratories.

The primary purpose of the extensive renovation program is to provide much needed new teaching space, while preserving many of the building's architectural and medical aspects of historic interest. Plans prepared by architects Allan Dehar Associates and Alexander Purves include two new auditoriums located on the first and second floors, each to accommodate 150 persons, as well as ten new seminar rooms. In addition, there will be exhibition galleries, lounges, a snack canteen and a catering kitchen to serve participants of day-long conferences and similar functions.

Because of its historic significance, the original amphitheater on the first floor will be restored for teaching purposes, as will be the old lecture room on the second floor. There will be no major changes on the exterior of the building, which will be cleaned and repainted. Cost of the project is estimated at \$2.1 million.

\$3.5 Million Project Will Renovate and Expand School's Power Facility

Two major projects totalling nearly \$3.5 million will expand the Sterling Power Plant, which serves the Medical Center, and at the same time, conserve energy. Construction was begun in late fall on an underground chilled water storage tank which will provide a more efficient air conditioning system for the School and the Yale-New Haven Hospital. In addition, workmen recently completed conversion of the oil-firing burners in the plant to dual firing for gas or oil, to take advantage of the lower cost of gas.

The huge chilled water storage tank, 200 feet long, 100 feet wide and 20 feet deep, will be set underground on the site between the Laboratory for Epidemiology and Public Health and the parking lot adjoining the power plant. With a 2.8 million gallon capacity, the tank will serve the entire medical center including the hospital building now under construction. To save cost as well as energy, water will be chilled during off-peak hours.

A joint venture of the University and the Hospital, the new air conditioning unit is expected to be operating by February 1982. The surface area will be landscaped and the tennis court rebuilt.

The conversion of the three burners at the power plant will cost about \$175,000, but the savings expected from the dual firing system in one year alone will pay for the cost, according to Robert B. Sherman, director of utilities and engineering at Yale. It is expected that use of gas will be primarily in spring, summer and fall, when the demand for it is less.

Faculty News—Awards and Honors

For his efforts to broaden the opportunities for youth, **Dr. James P. Comer** was awarded a Rockefeller Public Services Award. Dr. Comer, Maurice Falk Professor of Child Psychiatry, and associate dean, was honored for his leadership in developing a public elementary school program in New Haven that encourages low-income minority children to grow intellectually and emotionally. The program is based on his belief that schools provide an opportunity to intervene positively in the lives of disadvantaged children, and that learning can improve only when behavior problems plaguing urban schools are significantly reduced.

Dr. Paul Greengard, professor of pharmacology and psychiatry, was the recipient of the New York Academy of Sciences' Award in Biological and Medical Sciences at the Academy's 163rd Annual Meeting held in December in New York. The award was presented to Dr. Greengard in recognition of his work on the phosphorylation of membrane proteins and its potential role in nerve transmission. A pioneer in the field of cyclic nucleotide research, Dr. Greengard's proposal that all actions of cyclic AMP are mediated via activation of protein kinase is widely recognized.

In December, **Dr. Nicholas M. Greene** was invited to Stockholm to give the annual Torsten Gordh Lecture and to present a paper at the Karolinska Institute. He was also invited to the reception and banquet given by the King of Sweden in honor of the Nobel laureates in physiology and medicine. Dr. Greene is professor of anesthesiology, as well as editor in chief of *Anesthesia and Analgesia*.

The American Society of Ophthalmic Plastic and Reconstructive Surgery elected **Dr. Richard Petrelli**, clinical instructor in ophthalmology, to its membership. At the Society's annual meeting in November, Dr. Petrelli presented a paper entitled "DNCB Immunotherapy of Recurrent Conjunctival Papillomas."

The Psoriasis Research Award Committee and Baylor College of Medicine have presented **Dr. Irwin M. Braverman** the 1980 Mr. and Mrs. J. N. Taub International Memorial Award for Psoriasis Research. Dr. Braverman, professor of dermatology, is known for his achievements in research on the microcirculation of human skin as it relates to treatment of psoriasis.

Dr. Myron Genel, associate professor of pediatrics and director of the Children's Clinical Research Center at Yale, has been selected to be president-elect of the Association of Program Directors of General Clinical Research Centers and will assume the presidency in May 1981. The organization was formed in 1976 and comprises the program directors, associate and assistant program directors of the 74 Clinical Research Centers supported by the GCRC Branch, NIH. Dr. Genel has been on the executive committee of the organization since its inception and will be the first pediatric clinical investigator to serve as president.

A Smith College Medal was presented to **Susan Addiss**, lecturer in public health. The Medals are awarded annually by the College to alumnae who in the judgment of the Trustees, exemplify in their lives and service to their community or to the College, the true purpose of liberal arts education. Ms. Addiss is chief of the Bureau of Health Planning and Development, Connecticut State Department of Health. "Her service seems to be to the whole State as well as to her community," a member of the Smith College Medal Committee commented.

Dr. George A. Silver, professor of public health, was honored by the Medical Care Section of the American Public Health Association at the Association's annual convention held in Detroit in October. The citation in Dr. Silver's honor read in part, "Scholar, critic, medical care statesman, advisor, iconoclast, and friend, with an uncommon desire to take the world and its problems to bits and an unremitting zeal to set it right again, you have combined the insight, imagination, and creativity

of the true man of letters with the science, humanity and art of the physician . . . You have spoken for those who have no voice, sought to enfranchise those who are disenfranchised, and enlightened those who see without seeing . . ."

In addition, Dr. Silver was appointed to the National Advisory Committee on Accreditation and Institutional Eligibility for a two year term. The Committee was established by an Act of Congress late in 1980 to clarify accreditation policies of post-secondary education.

Dr. Alfred Evans, professor of epidemiology, was elected president of the Society of Medical Consultants to the Armed Forces. He formerly served as vice-president and as chairman of the Committee on Preventive Medicine. The Society of about 1000 medical consultants to the Army, Navy, or Air Force, serves as a consultant body to the Surgeon Generals of the Armed Forces.

At its 33rd Annual Meeting in November, the American Association of Blood Banks presented the John Elliott Memorial Award to **Dr. Joseph R. Bove**, professor of laboratory medicine. Dr. Bove, who is director of the blood bank at the Yale-New Haven Hospital, was given the award "for his many contributions towards establishing standards for blood banks and transfusion services and especially for the incorporation of established research and an innovative technical advancement into these standards; for his major input in the training of inspectors for blood bank accreditation programs; and for adding to scientific knowledge dealing with the efficacy and safety of transfusion."

Dr. Joseph Bertino visited Israel in October as part of the visiting faculty for a series of lectures sponsored by the American Physicians for Israel; and in November, he delivered the Pfizer lecture at Tulane Medical School. Dr. Bertino is professor of medicine and pharmacology.

A Meritorious Service Award was presented to **Dr. Arthur S. Blank**, associate professor of clinical psychiatry, by Max Cleland, the U.S. Administrator of Veteran Affairs, in a ceremony held in Washington, D.C. in June. The award was given to Dr. Blank in recognition of his outstanding contribution to the development of Operation Outreach, a V.A. program for veterans of the Vietnam War.

New Books by Faculty

"School Power — Implications of an Intervention Project," by James P. Comer, Maurice Falk Professor of Child Psychiatry. The Free Press (Riverside, N.J.) 1980.

"Brain-Behavior Relationships," edited by James R. Merikangas, assistant clinical professor of psychiatry. Lexington Books (Lexington, MA.) 1981.

"The Hidden Health Care System — Mediating Structures and Medicine," by Lowell S. Levin, professor of public health, and Ellen L. Idler. Ballinger Publishing Company (Cambridge, MA) 1980.

To coincide with the 50th anniversary of the founding of the Harvey Cushing Society (now the American Association of Neurological Surgeons), being celebrated at its April meeting in Boston, Elizabeth H. Thomson's *Harvey Cushing, Surgeon, Author, Artist* (347 pp., illus.) is being reprinted by Neale Watson Academic Publications, Inc., 156 Fifth Avenue, New York, New York 10010. Two editions will be available: paperback, \$7.50; clothbound library edition, \$17.00. When ordering from the publisher, kindly include \$2.00 for postage and handling.

Madeline Earle Stanton

Madeline Earle Stanton, retired librarian of the Historical Collections, Yale Medical Library, died on October 25, 1980 after a year's illness.

Miss Stanton, the second of two daughters of Mary Ford and John Earle Stanton, was born in Canton, Massachusetts on June 9, 1898. She received an A.B. degree, *cum laude* from Smith College in 1919, and the following year became secretary to the famed neurosurgeon, Dr. Harvey Cushing, at the Peter Bent Brigham Hospital and Harvard Medical School. In 1933, when Dr. Cushing after his retirement from Harvard came to the Yale School of Medicine, Miss Stanton came with him and continued as his secretary until his death in 1939.

At that time it was announced that Dr. Cushing, together with his friends Dr. John F. Fulton, Sterling Professor of Physiology, and Dr. Arnold C. Klebs of Nyon, Switzerland, were giving their extensive libraries to the Yale University School of Medicine to form the nucleus of an historical section in the Yale Medical Library. A new Y-shaped wing, built on the Sterling Hall of Medicine for the combined libraries was dedicated in 1941. Miss Stanton was Secretary of the Historical Library from 1939 to 1949, when her title was changed to Librarian of the Historical Collections. When she retired formally in 1968, she was honored by the establishment of the Madeline E. Stanton Book Fund. She remained active in the library for several more years as Historical Consultant.

From 1951 to 1961, Miss Stanton was also research assistant in bibliography in the Department of the History of Medicine, of which Dr. Fulton was chairman from its founding in 1951 until his death in 1960. She was an assistant editor of the *Journal of the History of Medicine and Allied Sciences* from 1948–1960; associate editor, 1961–72.

Miss Stanton's long service in the Historical Library and with the *Journal* won her a host of friends among those interested in medical history in this country and abroad. Her help has been acknowledged in

the preface of many books written by grateful authors who had benefited from her kindness and extensive knowledge of the Library's riches.

Miss Stanton made her own contributions to medical history. She collaborated with Dr. Fulton on *The Centennial of Surgical Anesthesia: An Annotated Catalogue* (1946); provided the bibliography in Dr. Fulton's volume on *Michael Servetus: Humanist and Martyr* (1935). She helped complete two of Dr. Fulton's posthumous works: the second edition of his *Bibliography of Robert Boyle* (1961) and assembled all the illustrations for the second edition of his *Selected Readings in the History of Physiology* (1966). She also was responsible for the second edition of Harvey Cushing's *A Bio-Bibliography of Andreas Vesalius* (1962).

Among her journal articles were "Yale Medical Library: The Formation and Growth of its Historical Library" (with Dr. Fulton and Frederick G. Kilgour, New Haven, 1962, first published in German in 1959 in *Librarium*); "Harvey Cushing: Book Collector" (*Journal of the American Medical Association*, 1965, 192, 141–144); "The Medical Historical Library on the Hundredth Birthday of Harvey Cushing" (*Yale University Library Gazette*, 1969, 44, 30–37); and the Samuel Clark Harvey Lecture "Harvey Cushing: 'From Tallow Dip to Television'" (with Elizabeth H. Thomson, *Surgery*, 1977, 81, 284–294).

In 1973, Smith College bestowed on Madeline Stanton one of its prestigious Alumnae Medals.

Miss Stanton is survived by a niece, Mrs. Joseph R. Wagstaff, of Hingham, Massachusetts, and a nephew, Richard S. Reid, of Fort Pierce, Florida; also a grandniece, Mrs. William D. Berg, of Durham, North Carolina, and three grandnephews: Donald B. Wagstaff of Hingham; Richard L. Reid of Orlando, Florida; and Bruce S. Reid of Montgomery, Alabama. **E.H.T.**

Reminiscences presented at a memorial service for Madeline Stanton on November 22, together with other tributes, have been pub-

lished. *Madeline Earle Stanton*, Leonard G. Wilson, Editor (ca. 40 pp.), will be available after April 1 from the *Journal of the History of Medicine and Allied Sciences*, 333 Cedar Street, New Haven, Connecticut 06510. Price: \$2.50, including postage. Connecticut residents please add sales tax.

John Patrick Flynn, Ph.D.

Dr. John Patrick Flynn, professor emeritus of psychology (psychiatry), died on December 2, 1980 following a brief illness. He had retired from the faculty only last June, and his death was a shock to his many friends and students. The following tribute was prepared by Dr. Russell Barnett:

I want to engage in a group-dynamic exercise, the issues of which revolved like electrons around a nucleus that was John Patrick Flynn. When a man of such fortitude, activity, vigor and endurance lived among us, group dynamics are such among his confreres that a collusion is reached and most of his accomplishments are not recalled. And, that was easy to do with Jack since he didn't advertise his vital and very potent intellect and intelligence. Where was his hearty drive, consuming energy, sturdiness, commitment to reality and fantastic moral courage situated? This is very heady and hearty stuff, and I'm having difficulty in drawing a homunculus of Jack since his leadership was accomplished by an independence and privacy which still deserves to be respected.

A group dynamic, called the lateral slide, looks at his professorships (some joint) at Yale and goes like this. Shall we recognize Jack as a Professor of Psychiatry who was Chief of Basic Research at CMHC and provided high standards of excellence, integrity, criticalness, loyalty, and vision for his fellow faculty from his own work? Instead, should we draw him in the form and color of a Physiological Psychologist who was widely respected for his early studies on psychoacoustics and

later major studies on rage and attack behavior so as to have an international meeting held in his honor in the Netherlands last year just after his retirement? Scientists of note, including some who previously were his students and colleagues, chose this route. Do you slide more laterally and paint him as a Neurophysiologist whose studies of the nervous system at an integrated level related autonomic and somatic motor systems? Or again a lateral slide to the relation of form and function, especially of the hypothalamus and recognize him as a Neuroanatomist? If you had known him long enough it would be important to recall that he originally taught classics and theology and was a scholar of ancient Hebrew, Latin and Greek. Add: and it would not be obtuse to prefer to recognize him as all of these, and his work in research and teaching enterprises, in fact, his whole being, fit. Now my homonculus begins to take shape in recognition of those impressive years, full of pride of accomplishments and critique, accompanied by modesty, necessary for growth and vigor.

Since heroism is so very important in life, even though it is someone else's, I refuse to look at the mundane aspect of existence but prefer the unusual. Jack vs. the Velde House Committee, or his in-depth self questioning which lead him from a faculty position at a Catholic seminary to graduate studies at Columbia, are just two examples. Thus, it is more important to realize the degree of Jack's broad prospectus. As a working person, be it academic or other aspects of life that occupied him, including his family and friends, there was an attendant element of quality, scrupulousness, thoroughness and control. It is impossible to do justice to a man's life in these few words. I can't even cover his total academic contributions, especially those involving his students. He had another rich life with his wife, Hulda, children and friends, and vacation periods at John's Pond on the Cape. Jack and his sail-boat was a marvelous experience for those who shared it with him, and on shore, his profound knowledge in humanities, along with Hulda's,

was a special pleasure.

It's really unnecessary to list the academic, advisory, editorial memberships and honorary positions Jack held. It's difficult to understand the circumstances of planning another trip to work at Cambridge, England, while relatively asymptomatic except for a sore back, and dead of widespread cancer of the pancreas in almost four weeks. In winding up, since I am a group and body politic of one, it is pertinent that I have known Jack and his family often at a close personal level. Thus, I cannot collude with myself about his dynamics, but instead recognize my respect, devotion, admiration, regard, and strong feelings of friendship and these allow me to make my homonculus complete. Jack Flynn lived and died *magna cum laude*. **R.J.B.**

Charles L. Corradino, M.D.

Dr. Charles Louis Corradino died at his home in Hamden on January 11, 1981 at age 76. He had served as a member of the clinical faculty in the Department of Internal Medicine at Yale from 1960 until his retirement in 1971.

A native of New Haven, he received his M.D. from Tufts University School of Medicine in 1929 and was a house physician at the Grace Hospital. He then practiced in New Haven and was an attending physician at the Grace Hospital. During World War II he served as a Captain in the Army Medical Corps. Subsequently he did postgraduate work in cardiology at Columbia University and Montefiore Hospital in New York City. He returned to practice in New Haven in 1951.

Dr. Corradino was a fellow of the American College of Cardiology and a member of various medical societies including the Connecticut Thoracic Society, the Louis Pasteur Society, the American Medical Association and the county and state medical societies. At the time of his death he was an emeritus staff member at Yale-New Haven Hospital and the Hospital of St. Raphael.

Oscar Roth, M.D.

Dr. Oscar Roth, clinical professor of medicine, died on January 16 following a short illness. He was 70 years of age.

Dr. Roth was a native of Austria and received his M.D. degree from the University of Vienna Medical School in 1937. During the Nazi takeover of that country, he and his wife came to the United States. He was a resident in medicine at the Hospital of St. Raphael before entering practice in New Haven in 1941. During World War II he served in the U.S. Army Medical Corps.

Appointed to the Yale faculty in 1942 as a clinical instructor, he was subsequently promoted to assistant, then associate clinical professor, and in 1974, in recognition of his eminence as a cardiologist and his contributions to the teaching program, he was made a clinical professor of medicine. Dr. Roth was highly regarded as a teacher and in 1968 was the recipient of the Benedict Harris Award, given by the first-year medical residents at Yale-New Haven Hospital to the private physician who they felt contributed most to their education.

For many years, Dr. Roth was the director of the coronary care unit which he established at the Hospital of St. Raphael. He was also very active in organizing postgraduate courses in the field of coronary care for physicians and nurses.

In addition to his membership in a number of professional societies, Dr. Roth was a fellow of the American College of Cardiology and the American College of Chest Physicians, and in 1972 and 1977 he served as president of the Heart Association of Greater New Haven.

He is survived by his wife, Dr. Stefanie Roth, a daughter, son and two grandchildren.

William J. German, M.D.

William John German was born October 28, 1899, in McKeesport, Pennsylvania, and died January 9, 1981, in New Haven, Connecticut. He received his B.A. from the University of California in 1922 and an M.A. from the same institution in 1923. He completed his M.D. studies at Harvard, *magna cum laude*, in 1926. After an internship in surgery at the Peter Bent Brigham Hospital in Boston, he served as a Rockefeller Fellow in plastic surgery at the Johns Hopkins Hospital in Baltimore and came to Yale in 1928 as a combined neurosurgery/surgery resident under Dr. Samuel Harvey. After completing his training, he was appointed an instructor in surgery in 1931, assistant professor and chief of neurosurgery at the New Haven Hospital in 1933, associate professor in 1938, and professor of surgery (neurosurgery) in 1948. During World War II, he served in the United States Navy from 1943 to 1946 attaining the rank of captain. He retired as professor emeritus of surgery (neurosurgery) in 1968.

He was a pioneer in neurosurgery in Connecticut and his students, both in Connecticut and the world, continue to spread his concepts and ideals in neurosurgery. His wide interest in the nervous system are reflected in his over eighty published articles whose subjects extend from central nervous system trauma, cerebrospinal fluid circulation, cerebral function, peripheral nerve injury, brain tumors, epilepsy, cerebral circulation, neuralgias to endocrine abnormalities with pituitary tumors. He was recognized by his peers in neurosurgery with many honors including secretary-treasurer of the American Board of Neurological Surgery, its main administrative post, from 1947 to 1952; president of the Harvey Cushing Society in 1953; president of the Society of Neurological Surgeons in 1955, a society composed of major university professors of neurosurgery; and the honored guest and an honorary member of the Congress of Neurological Surgeons in 1959. This last honor was certainly most pleasing to him since the Congress has been the

society of the young neurosurgeons of this country.

At a time when neurosurgeons were expected to be tyrannical and difficult, Dr. German was known for his gentleness with and concern for his residents, students and patients alike. His method of teaching, of personal guidance of each student towards his or her maximum intellectual growth, and the concept that the teacher should assist in the process of learning to decrease the chance of the student's failure, to minimize the pain of the process, and to maximize the attributes endeared him to all who worked with him. As a practitioner of neurosurgery, while demonstrating an unusual expertise in his diagnosis and surgery, he retained an understanding of human nature and did not allow the neurosurgical problem he was trying to alleviate to assume more importance than the patient as a person. His unpretentiousness despite the honors given him; his kindness, expertise and humanism made him a trusted friend of all who knew him. He continued to be an active student and medical practitioner until shortly before his death. His presence on the faculty will be missed and his contributions will be remembered.

He is survived by his wife, Dorothea, and four children; William Haldane, John Nixon, Andrew Wayne and Martha King German. **W.F.C., Jr.**

Re: The Medical School Alumni Fund Report 1979—1980

The Alumni Fund has discovered a gremlin in its computer.

The names of two of the Medical School Alumni Fund's outstanding leaders and consistent contributors were omitted from the listing in the Report which appeared in the fall 1980 issue of *Yale Medicine*. They are:

John B. Ogilvie 1934

Samuel D. Kushlan 1934

Our apologies.

IOM Elects Four

Four Yale medical graduates were among the 42 new members elected to the Institute of Medicine of the National Academy of Science this past fall. Membership is based upon "professional achievement in a medical, scientific, or other professional field and the relevance of such achievement to the problems of medicine" Those elected were: **Jack D. Barchas** ('61), psychiatry and behavioral sciences, Stanford University School of Medicine; **Marie-Louise Johnson** ('56), medical education, Benedictine Hospital, Kingston, New York; **Robert I. Levy** ('61), National Heart, Lung, and Blood Institute, Bethesda, Maryland; **C. Arden Miller** ('48), maternal and child health, School of Public Health, University of North Carolina at Chapel Hill.

Class Notes

1927

Henry Fineberg, who has dedicated 50 years of his life to serving the medical profession and the people of New York State, was given a special tribute recognizing his retirement on December 31, 1980 after 20 years as executive vice-president of the Medical

Society of the State of New York.

The occasion, a black-tie dinner held on November 7 in New York City, was attended by many of his friends and colleagues in the professions, government, and other walks of life. The President and Fellows of Yale University and the Faculty of the Yale School of Medicine sent their cordial greetings to Dr. Fineberg "upon the occasion which celebrates his half-century of dedicated service in the practice of medicine and his extraordinary accomplishments in the administration of hospitals, medical societies, and other activities which have contributed so notably to the health and well-being of others." This certificate, signed by President Giamatti, concluded, "His name is indelibly inscribed in the proudest annals of a grateful University."

As of January 1981, Dr. Fineberg became the executive vice-president emeritus of the Medical Society of the State of New York and serves as a consultant to the Society. His "retirement" will be one of continued service to the medical profession.

1928

Sheldon Jacobson is the author of a second adventure novel which is entitled "The Man Who Moved the World" and is published by the Galley Press, Portland, Oregon.

It is a story of Hellenistic Greece (3rd century B.C.) The hero is a sea captain of Greek Syracuse. He is seen first as a merchant seaman, trading throughout the Mediterranean world. He becomes involved and commands a ship in the wars of the Leagues and the Spartan revolution. Thereafter we see him as marine banker, then again as trader, and finally he plays a role in the defense of Syracuse against Rome.

Dr. Jacobson's first novel, "Fleet Surgeon to Pharaoh," was built around his reconstruction of the first circumnavigation of Africa performed by Phoenicians about 600 B.C. He is following the oared ships in a third novel, almost finished.

1930

With the unanimous endorsement of the Yale-New Haven Hospital Board of Trustees, the New Haven Unit conference room on the first floor of the Clinic Building has been named in honor of **Courtney Bishop**, who played a most significant role in Hospital affairs as a member of the medical staff and as chief of staff for many years. Dr. Bishop spent many hours in this room in various meetings, and it seemed fitting that, having been newly renovated and refurnished, it be named after him. The Courtney C. Bishop Conference Room will be formally dedicated later in the year.

1948

Jerome Shapiro, professor and chairman of the Department of Radiology at Boston University School of Medicine, has been named vice president of the American College of Radiology. He is a Fellow of the American College of Radiology and a member of its Commission on Diagnostic Radiology. Dr. Shapiro is also on the editorial board of the *New England Journal of Medicine*.

1949

The Association of American Medical Colleges presented the 1980 Abraham Flexner Award for distinguished service to medical education to **William Anlyan**, vice president for health affairs at Duke University Medical Center and professor of surgery, Duke University School of Medicine. Dr. Anlyan is recognized for substantial contributions as an educator and administrator and for his professional activities to advance the cause of medical education on the national scene.

Dr. Anlyan's career is marked by a long-term commitment to research and by his dedication as an educator. He continues to participate in the teaching of medical students and surgical residents, and maintains a surgical practice despite his administrative responsibilities.

He has played a major role in shaping the policies and structure of the AAMC. Dr. Anlyan has served

as chairman of the Assembly and the Council of Deans and has been a member of many AAMC committees. He has had leadership roles in the Coordinating Council on Medical Education, the Institute of Medicine, the Board of Regents of the National Library of Medicine, the Association of Academic Health Centers and has participated in many other professional organizations and international activities.

Alfred Bacon who practices cardiology in Wilmington, Delaware, has been elected to the Board of Directors of the Wilmington Medical Center. Dr. Bacon, a member of the medical-dental staff at the Center, is presently chief of cardiology in the Department of Medicine. He has been on the staff of The Medical Center and all three of its predecessor hospitals since 1955.

1952

Mary Schley, of Columbus, Georgia, is the winner of the 1980 Distinguished Service Award from the Georgia Hospital Association, given each year for significant contribution to improving the state's health care. A public health pediatrician, she has been a member of the Medical Center Hospital Authority Board of Trustees since 1976 and has served two terms as board chairman and one term as chairman of the planning and facilities committee.

She is a member of the Board of Trustees at Brookstone School, is a musician in the Columbus Symphony Orchestra, and has served on the Boards of the Columbus Museum of Arts and Crafts, and the Columbus Girls Club.

To honor her the Columbus Business and Professional Women's Club named Dr. Schley the 1979 Woman of the Year.

1953

Donnell Etwiler, pediatrician at the St. Louis Park Medical Center and director of the Diabetes Education Center in Minneapolis, has been awarded honorary membership in The American Dietetic Association at its annual meeting in Atlanta, Georgia. He was honored "for his

distinguished career as a practicing pediatrician and diabetologist sensitive to the role of nutrition in maintaining health and in therapeutic care." He established the Diabetes Education Center to train health professionals in team management. A member of the National Commission on Diabetes, he is chairman of the Committee on Treatment and Education which advocates inclusion of a dietitian on medical teams. He is a recognized leader in establishing the concept of patient education and participation in health care.

1956

Marie-Louise Johnson has been appointed a professor of clinical dermatology at Yale and conducts teaching sessions at the School of Medicine several times each month. Dr. Johnson is currently vice-president for medical affairs and director of medical education at the Benedictine Hospital in Kingston, New York. She and her husband, Dr. Kenneth Johnson (HS '54) left New York City last summer and currently reside in High Falls, New York.

1957

After three years in Geneva as head of the World Health Organization's Office of Research Promotion and Development, **Howard Minners** returned to the USA last summer.

He was appointed Deputy Director of the Office of International Health, USPHS, and simultaneously promoted to the USPHS rank of Assistant Surgeon General (Rear Admiral). In this position he had the opportunity to head the US Delegation to several WHO and other meetings both here and abroad. Then just recently, a search committee "found" him, and he has taken on an entirely new position as Science Advisor for our foreign assistance programs in the Agency for International Development. As such, he has policy oversight for all of AID's activities in science and technology, not only health but also the broad range of efforts in agriculture, energy, remote sensing, etc.

Dr. Minners and his wife, Gretchen, and their two sons are living in Bethesda, Maryland.

1959

In May of 1980 **David Skinner** was awarded an honorary Doctor of Science degree by his alma mater, the University of Rochester, and in the fall he was the 1980 Balfour Lecturer at the Mayo Clinic. Dr. Skinner has been Dallas B. Phemister Professor and chairman of the Department of Surgery at the University of Chicago since 1972.

1961

Jack Barchas, who is Nancy Friend Pritzker Professor in the Department of Psychiatry at Stanford, spoke on "Endogenous Opiates" when he was a guest speaker in the Visiting Lecture Series of the Department of Psychiatry at Yale in January.

John Pearce is the editor of a new book entitled "Family Therapy" published by Grune & Stratton, Inc., of New York. Dr. Leonard Friedman is the co-editor. The various authors, which include **Norman Moss**, integrate traditional psychodynamic approaches with new insights that are the result of their work with couples and families. This volume should be of particular interest to psychotherapists and counselors, and students and teachers of psychiatry, psychology, social work, nursing, and pastoral counseling.

Dr. Pearce practices individual, couple, and family therapy in Cambridge, Massachusetts. He was a founding member and is now secretary of the American Family Therapy Association. He teaches both at the Cambridge Family Institute and through the Society for Family Therapy and Research, which he helped to found and of which he is a past president.

1965

Gregory Culley, on the faculty of the Department of Pediatrics and Family Practice at the University of Louisville School of Medicine, has been appointed assistant vice president for health affairs at that university. In this newly created position, Dr. Culley will develop primary health care services, education and research at the University of Louis-

ville Health Sciences Center and will oversee the primary care center of the University's Ambulatory Care Building which opened to patients in November. Previous to this position, he served as director of extramural education and program development at the Health Sciences Center which was concerned with planning the training of University of Louisville health professional students received at sites away from the Center.

In the late 1960's, Dr. Culley was chief of pediatrics at the United States Air Force Hospital in Spain from 1972-78, he served as medical director of the Hazard (Kentucky) Family Health Services. He has taught pediatrics at the Universities of Kentucky and Minnesota and at Meharry Medical College.

1969

A recent note from **David Upton** gave the following news: "David **Schulak** and **Lutz Schlicke** are now associates in the practice of orthopedic surgery in Tampa, Florida. **Tom Howard** has entered private practice in Omaha, Nebraska, and is enjoying doing much vascular surgery."

1973

The American College of Physicians has announced that **Gary Gordon**, of Philadelphia, Pa., will be honored by election to Fellowship at the College's Annual Session in Kansas City in April. Dr. Gordon is on the staff of the University of Pennsylvania Graduate Hospital.

At the University of Rochester Medical Center, **Marvin Miller** has been appointed assistant professor of pediatrics and genetics in the Pediatric Division of Genetics and Dysmorphology. He will serve as a consultant and general medical attending physician in pediatrics at Strong Memorial Hospital.

His general research interest is in birth defect syndromes and pharmacogenetics and he is specifically interested in how anti-convulsant drugs can be safely used in pregnant women who have seizure disorders to minimize potential, adverse effects on the developing fetus.

1976

Mary Alice Helikson is now practicing pediatric surgery in the Department of Surgery at University of Missouri Health Science Center in Columbia.

1978

Tom Ferguson is the editor of a new book "Medical Self-Care: Access to Health Tools" published in hardcover and paperback by Summit Books, New York. It is a resource guide to the tools and terms of medical self-responsibility for physical and psychological health. Many of the articles in "Medical Self-Care" first appeared in *Medical Self-Care Magazine*, also edited by Dr. Ferguson. *Medical Self-Care* is a quarterly "Whole Earth Catalog" of medicine whose rapidly-growing circulation is evidence of the growing interest in this movement.

In addition to being the editor of *Medical Self-Care*, Dr. Ferguson is the medical editor of *The Whole Earth Catalog/CoEvolution Quarterly*, and writes a monthly column on self-care for *Mother Earth News*. He lectures widely on self-care and has been featured on "Sixty Minutes" and in the Los Angeles Times, the San Francisco Examiner, *Playboy* and other publications. He recently received an Award for Lifespan Extension from the Committee for an Extended Lifespan for his work in self-care. Dr. Ferguson believes good self-care education could eliminate many unnecessary visits to the physician (40-70 percent of current visits), and make doctors and other health care workers more aware of their patients' needs.

HOUSE STAFF

1950

Norman Loux, founder and medical director of Penn Foundation for Mental Health, Inc., has been honored for his contribution to community mental health by the establishment of The Norman L. Loux Fund for Research and Development. The Fund is "designed to perpetuate Dr. Loux's pioneering efforts by the provision of funds to stimulate, extend, encourage and recognize current advancements in the mental health field."

1965

Ian MacLean, director of the Clinical Electrophysiology Laboratory at the Rehabilitation Institute of Chicago, is the newly elected president of the American Association of Electromyography and Electrodiagnosis. As head of the national organization which represents the leading professionals in a rapidly expanding field of diagnostic medicine, Dr. MacLean, a specialist in physical medicine and rehabilitation, foresees new developments in electrodiagnosis holding hope for better understanding of those patients with neuromuscular disease including disease and injury of the brain and spinal cord.

After specialty training in physical medicine and rehabilitation at Yale, Dr. MacLean served on the faculty of The Ohio State University for eight years before accepting his current appointment of associate professor at Northwestern University.

In Memoriam

'08 M.D.	Michael A. Parlato, November 8, 1980
'20 M.D.	Stanton H. Davis, October 20, 1980
'22 M.P.H.	Robert Jordan, December 24, 1980
'23 M.D.	Samuel Karelitz, October 2, 1980
'25 M.D.	Joseph Petrelli, January 8, 1981
'27 M.D.	Daniel G. Morton, date unknown
'28 M.D.	Arlington C. Krause, May 3, 1980
'35 M.D.	Henry L. Hartman, August 23, 1980
'37 M.D.	James J. Moher, January 12, 1981
'43 M.D.	James T. Wolstenholme, September 29, 1980
'50 M.D.	William T. Newton, September 25, 1980
'52 M.D.	Kenneth G. Bartels, October 31, 1980
'64 M.D.	Robert W. Shapiro, October 26, 1980

Don't Forget!
Alumni Weekend . . . June 5 and 6
Plan to attend

ALUMNI WEEKEND —

Friday, June 5, 1981

Alumni Registration
Rotunda, Sterling Hall of Medicine

9:00–4:00 **Yale School of Nursing Annual Alumnae/i College**

“Changing Family Patterns: Effects on Nurses and Practice”

Registration, 855 Howard Avenue

9:00–5:00 **Alumni in Ophthalmology 1981 Annual Meeting**

“Current Concepts in Retinal Disease”

Bradley R. Straatsma, M.D., Professor of Ophthalmology; Chairman, Department of Ophthalmology, Jules Stein Eye Institute, UCLA.

James E. Puklin, M.D., Associate Professor of Ophthalmology and Visual Science, YSM; Director, Joel Lavigne Retinal Studies Center, Yale-New Haven Hospital

Ronald G. Michels, M.D., Associate Professor of Ophthalmology, Wilmer Institute-Johns Hopkins University

Brady Auditorium, 310 Cedar Street

10:30–12:30 **Department of Epidemiology and Public Health Symposium**

“EPH Revisited: New Directions”

Moderator: Robert W. McCollum, M.D., D.P.H., Chairman, Department of Epidemiology and Public Health

• “Epidemiology/Health Services Administration”

Jennifer L. Kelsey, Ph.D., Associate Professor of Epidemiology

Hal Morgenstern, Ph.D., Assistant Professor of Epidemiology

John D. Thompson, B.B.S., M.S., Professor of Public Health and Nursing Administration

• “Environmental Health”

Brian P. Leaderer, Ph.D., Assistant Professor of Epidemiology (Envir. Hlth)

Eric W. Mood, M.P.H., Associate Clinical Professor of Public Health (Envir. Hlth)

Leon S. Robertson, Ph.D., Senior Research Associate, Institution for Social and Policy Studies;

Lecturer, Epidemiology and Public Health

Jan A. Stolwijk, Ph.D., Professor of Epidemiology (Envir. Hlth); Deputy Director, J.B. Pierce Foundation

• “Education for Hospital Management in the 1980’s”

David R. Bailey, M.P.H., Executive Director, McLean Fund, Simsbury, CT

Winslow Auditorium, LEPH

2:00–3:00 **Department of Epidemiology and Public Health Seminars**

I. “Cancer Eradication: Fact or Fiction?”

Colin White, M.B., B.S., Ira Vaughan Hiscock Professor of Public Health; Professor of Statistics

II. “Changing Demographics”

Jacob A. Brody, M.D., Associate Director for Epidemiology, Demography and Biometry,

National Institute on Aging

Adrian M. Ostfeld, M.D., Anna M.R. Lauder Professor of Epidemiology and Public Health

III. “Viral Hepatitis”

Patricia Checko, M.P.H. ('81)

Robert W. McCollum, M.D., D.P.H.

Alan Williams, Ph.D., Post Doctoral Fellow, Internal Medicine

(Seminar locations to be announced.)

3:15–4:15 **Special Public Health Lecture**

“Retrenchment: At What Cost?”

The Honorable Toby Moffett, Representative in Congress, Connecticut Sixth District. Chairman,

House Government Operations Subcommittee on the Environment, Energy and Natural Resources.

Serves on the Energy and Commerce Committee, subcommittees on Energy Conservation and Power;

Fossil and Synthetic Fuels; Health and the Environment.

Winslow Auditorium, LEPH

12:00–3:30 **Alumni Athletic Activities**

Golf — Tennis — Jogging

(Details to be announced.)

4:30–10:30 **Cruise aboard the LIBERTY BELLE**

Boarding Times: 4:30 and 7:30

Beverages, Repast, Music

Saturday, June 6, 1981
Alumni Registration
Rotunda, Sterling Hall of Medicine

9:00–11:00 **Coffee Service**
Beaumont Room, 2nd floor, Sterling Hall of Medicine

9:15–9:45 **Special Alumni Symposium**
“Don’t Bring That Up Again”
Thomas R. Forbes, Ph.D., Ebenezer K. Hunt Professor (Emeritus) Anatomy (Surgery); Sr. Research Scholar, History of Medicine; Advisor on Yale Medical Memorabilia
Historical Library, Sterling Hall of Medicine

10:00–11:45 **Seminars**
I. “Gene Splicing in Biomedical Research at Yale”
Moderator: Edward A. Adelberg, Ph.D., Professor of Human Genetics
• “Gene Splicing in Research on Gene Structure and Organization”
Alan C. Weiner, Ph.D., Assistant Professor of Molecular Biophysics and Biochemistry
• “Gene Splicing in Research on the Control of Gene Expression”
Michael Kamarck, Ph.D., Post Doctoral Associate in Biology
II. “Biology of Intention and Pathology of the Self”
Donald J. Cohen, M.D., Professor of Pediatrics, Psychiatry and Psychology, Child Study Center; Co-Director, Mental Health Clinical Research Center
III. “Bleeding Old and Bleeding New: Immunological Sense and Nonsense”
John M. Dwyer, M.D., Ph.D., Associate Professor of Medicine and Pediatrics; Chief, Section of Clinical Immunology
(Seminar locations to be announced.)

10:30–11:30 **Epidemiology and Public Health Faculty Visits**
LEPH Student Lounge

10:00–12:00 **Guided Tours**
Yale Center for British Art 10:00–11:00
Historic Section of New Haven 10:30–12:00

12:00–12:30 **Annual Meeting of the Association of Yale Alumni in Medicine**
Welcome and Introductory Remarks
William L. Kissick, M.D., D.P.H., President of the Association
Robert W. Berliner, M.D., Dean, School of Medicine
Harkness Auditorium

12:30–1:00 **Sherry**
Harkness Lounge

1:00–2:00 **Buffet Luncheon**
Harkness Dining Hall

2:30 **School of Medicine Alumni Fund Class Agents Meeting**
Steiner Room, Sterling Hall of Medicine

3:00–4:15 **Guided Tours**
Yale Center for British Art 3:00–4:00
Historic Section of New Haven 3:00–4:15

4:30–6:00 **Social Hour**
Harkness Lounge

EXHIBITS:

Medical Library

Library Entrance—The Edward Clark Streeter, M.D. ('98M) Collections and Related Materials from the Historical Library

Library Corridor—“Caricatures by the Cruikshanks: Isaac, George, and Robert” prepared by Susan Wheeler from the Clements C. Fry, M.D. Collection

Cushing Rotunda—“Medicine and Literature” by Enid Rhodes Peschel, Ph.D., former Assistant Professor of French, Yale University; and Arthur J. Visel tear, Ph.D., M.P.H., Associate Professor of History of Medicine and Public Health

Individual Class Parties and Dinners for the five year reunion classes ('31, '36, '41, '46, '51, '56, '61, '66, '71, '76) will be held in the evening. Information will be available at the Alumni Registration Desk.

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YALE MEDICINE

Alumni Bulletin of the School of Medicine: Spring/Summer 1981

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Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor, 333 Cedar Street, New Haven, Connecticut 06510

Editorial Staff

Editor: Arthur Ebbert, Jr., M.D.

Managing Editor: Marjorie Blake Noyes
and Design

Assistant Editor: Guldane K. Mahakian

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Cover: an illustration (enlarged) from Volume I of an eight-volume Chinese Herbal of the early 19th century, *Pen ts'ao Kang mu*.
Courtesy, Yale Medical Historical Library.

The Abortion Question . . .

When Does Life Begin?

Many of you will have seen the newspaper coverage of the appearance of Dr. Leon Rosenberg, chairman of our Department of Human Genetics, before Senator East's Subcommittee of the Separation of Powers of the Senate Judiciary Committee to testify on the bill that attempts a back-door approach to outlawing abortion by finding that "actual human life" begins at conception, and, consequently, that the fertilized ovum is a human person. In what had originally been planned by the staff of the Subcommittee as the only hearing on the subject, Dr. Rosenberg's was the only testimony that called into question the claim that the finding drew its support from science. The reaction to Senator East's otherwise stacked hearing has led to additional hearings in recent weeks and provided an opportunity for more of the scientific community to be heard from.

Among the reactions to the proposed legislation was a resolution of the National Academy of Sciences in the authorship of which, I am pleased to note, Professor Edward Adelberg of our Department of Human Genetics, Dr. Maxine Singer, Fellow of the Yale Corporation, and I had a role.

For the information of those who have not seen in its entirety, we reprint the full text of Dr. Rosenberg's brilliant opening statement to the Subcommittee.

Robert W. Berliner, M.D.

Testimony

Leon E. Rosenberg, M.D.

before the Senate Subcommittee on the Separation of Powers

April 24, 1981

Mr. Chairman and members of the subcommittee, I am pleased to have the opportunity to testify before you concerning Bill S. 158. I am a professor of Human Genetics, of Pediatrics, and of Internal Medicine and Chairman of the Department of Human Genetics at the Yale University School of Medicine. Nearly 25 years ago I completed my formal education as a physician at the University of Wisconsin, after which I undertook residency training in Internal Medicine at Columbia University and at Yale. My research training was obtained subsequently at the National Institutes of Health. For the past 20 years I have worked as a researcher, a clinician and teacher. I have been elected to membership in such professional societies as the Association of American Physicians, the American Pediatric Society, the American Society of Biological Chemists, and the American Academy of Arts and Sciences. I am a past president of The American Society of Human Genetics, and have served the National Institutes of Health first as a member of the Metabolism Study Section and currently as a member of the Advisory Council of the National Institute of Arthritis, Diabetes and Digestive and Kidney Diseases.

Today, however, I represent none of these institutions or organizations. Rather, I speak as a concerned scientist, husband, and father of three children, who, by the great good fortune of living in this free country, has been provided the opportunity to devote my career to the care of the sick, the pursuit of scientific truth, and the dissemination of knowledge.

The crux (or, if you will, the heart) of the bill before you is the statement in Section 1 which states "that present day scientific evidence indicates a significant likelihood that actual human life exists from conception." I must respectfully but firmly disagree with this statement for two reasons: first, because I know of no scientific evidence which bears on the question of when actual human life exists; second, because I believe that the notion embodied in the phrase "actual human life" is not a scientific one, but rather a philosophic and religious one. I base my opposition on a third reason as well, namely that I am convinced that the clinical implications of this bill are fundamentally counter to the best interests of the people of the United States.

With your permission I would like to examine each of these conclusions in turn. There is no reason to debate or to doubt the scientific evidence indicating that conception is a critical event in human reproduction. When the egg is fertilized by the sperm, a new cell is formed that contains all of the genetic information needed to develop ultimately into a human being. This cell, like all living cells, has several fundamental properties: it is organized and complex; it can take energy from its environment; it can grow and develop, and it can divide.

The presence of these properties proves incontrovertibly that the fertilized human egg is a living cell with the *potential* for human life. But, in my view, there is an enormous difference between the potential for human life and, to repeat the critical phrase in Section 1 of this bill, "actual human life." To fulfill this potential, the fertilized egg must travel to the uterus, be implanted in the uterine wall, and undergo millions and millions of cell divisions leading to the development of its head, skeletal system, limbs and vital organs. To be sure, this sequence of events depends on the genetic program present in each cell of the

developing embryo and fetus. As surely, however, the sequence depends on the environment offered by the mother. Without the genetic “blueprint” of the fetal cells, human development cannot be initiated; without the protection and nutrition provided by the mother’s tissues, the genetic blueprint cannot be followed to completion. This absolute dependence of fetus on mother lasts normally for nine months, after which the birth process abruptly separates mother from child.

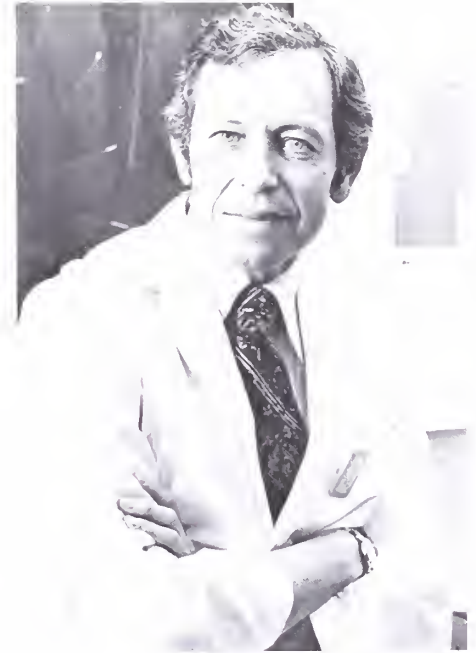
When does this potential for human life become actual? I do not know. Moreover, I have not been able to find a single piece of *scientific evidence* which helps me with that question. Not surprisingly, a great deal has been spoken and written on the subject. Some people argue that life begins at conception; others say that life begins when brain function appears, or when the heart beats, or when a recognizable human form exists in miniature, or when the fetus can survive outside the uterus, or when natural birth occurs. In 1967, Dr. Joshua Lederberg, a Nobel laureate in genetics wrote the following: “Modern man knows too much to pretend that life is merely the beating of the heart or the tide of breathing. Nevertheless he would like to ask biology to draw an absolute line that might relieve this confusion. The plea is in vain. There is no single, simple answer to ‘when does life begin?’ . . . In contemporary experience, life in fact never begins — it is a continuum from generation to generation.” I have no quarrel with anyone’s ideas on this matter, so long as it is clearly understood that they are personal beliefs based on personal judgments, and not scientific truths.

If such beliefs are not scientific, you might say, just why can’t they be made scientific? My answer is that science, per se, doesn’t deal with the complex quality called “humanness” any more than it does with such equally complex concepts as love, faith, or trust. The scientific method depends on two essential things — a thesis or idea, and a means of testing that idea. Scientists have been able to determine, for instance, that the earth is round or that genes are composed of DNA because, and only because, experiments could be performed to test these ideas. Without experiments there is no science; no way to prove or disprove any idea. I maintain that concepts such as humanness are beyond the purview of science because no idea about them can be tested experimentally.

In discussing this matter with a number of scientific colleagues, I found a similar view. Let me quote from two distinguished people. Dr. Lewis Thomas, a leading medical scientist, philosopher and author observed that “. . . whether the very first single cell that comes into existence after fertilization of an ovum represents, in itself, a human life, is not in any real sense a scientific question and cannot be answered by scientists. Whatever the answer, it can neither be verified nor proven false using today’s scientific knowledge. It is therefore in the domain of metaphysics; it can be argued by philosophers and theologians, but it lies beyond the reach of science.”

Dr. Frederick Robbins, pediatrician, virologist, and Nobel laureate in Medicine responded as follows: “the question of when life begins is not, in essence, a scientific matter. Rather it is one that evokes complicated ethical and value judgments. In fact, I doubt whether the health sciences can shed much light on such moral questions.” Even Professor LeJeune in his Allen Award address in 1969 allowed that “. . . scientific arguments are of little help in ethical issues.”

If I am correct in asserting that the question of when life begins is not a scientific matter, then, you may ask, why have so many scientists come here to say that it is? My answer is that scientists, like all other people, have deeply held religious feelings to which they are entitled. In their remarks at these hearings, however, I believe that those who have



Dr. Rosenberg

J. D. Levine

preceded me have failed to distinguish between their moral or religious positions and their professional, scientific judgments.

Some minutes ago I said I had three reasons for opposing this bill. Thus far I have discussed only those dealing with scientific evidence and the scientific method. My third reason is based on my clinical experience and judgment. I believe that this bill has implications both far-reaching and counter to the health interests of our people. This bill, if enacted into law, will prohibit the use of such commonly employed contraceptives as certain birth control pills and intrauterine devices because these forms of birth control prevent implantation into the uterus of the fertilized ovum that has, by legal decree, been made a person. Moreover, this bill will protect a conceptus that has no possibility of realizing its human potential. Occasionally, a fertilized ovum degenerates into a hydatid mole, a grape-like cluster of potentially malignant cells that must be removed surgically before it becomes invasive. But such surgery would be prohibited by this law because the mole begins as a fertilized human ovum.

Finally, this bill would almost certainly stop all amniocentesis used for prenatal diagnosis of a growing list of genetic disorders such as anencephaly or Tay Sachs Disease for which no successful treatment is at hand. Although amniocentesis for prenatal diagnosis has been available only for the past decade, more than 100,000 American women, who realized they faced a heightened chance of bearing a child with a severe birth defect, have requested and used this diagnostic procedure. More than 40,000 such genetic amniocenteses were performed in 1980 alone. These statistics reveal the magnitude of the anxiety and fear that many American couples feel about having a child with a severe, often fatal, congenital disorder. In common with all of us, these couples pray that any future child added to their family will be normal and healthy. Amniocentesis has made this prayer a reality for almost all couples who have used this procedure; it has given them the courage to undertake and complete a pregnancy despite increased risks. Since amniocentesis carries a small, but finite risk of causing a miscarriage, physicians would not be willing to carry out such a procedure under Bill S. 158 and risk, in turn, being charged with manslaughter or murder.

Let me conclude by divesting myself of all scientific or clinical credentials and speak simply as an American. I believe we all know that this bill is about abortion and about nothing but abortion. If this matter is so compelling that our society cannot continue to accept a pluralistic view which makes women and couples responsible for their own reproductive decisions, then I say pass a constitutional amendment that bans abortion and overturns the Supreme Court decision in *Roe vs. Wade*. But, don't ask science or medicine to help justify that course because they cannot. Ask your conscience, your minister, your priest, your rabbi — or even your God — because it is in their domain that this matter resides.

China Revisited

A Report of the Study Delegation of the Yale-China Association Medical Committee

Last October, a delegation from the School of Medicine travelled to China at the invitation of the Ministry of Public Health of the government of the People's Republic of China. They are members of the Medical Committee of the Board of Trustees of the Yale-China Association, and were visiting medical schools and hospitals to explore the possibilities for exchanges between Yale and medical institutions in the People's Republic of China.

The delegation included Dr. John McL. Morris, John Slade Ely Professor of Gynecology, who is chairman of the Medical Committee; Mrs. Morris; Dr. Arthur E. Baue, Donald Guthrie Professor and chairman of the Department of Surgery; Dr. Robert E. Handschumacher, professor of pharmacology; Dr. Hsiung Gueh-Djen, professor of laboratory medicine; Dr. Richard K. Root, Paul B. Beeson Professor of Medicine; Dr. William C. Summers, professor of therapeutic radiology, molecular biophysics and biochemistry and human genetics; and Dr. Wilma P. Summers, senior research associate in therapeutic radiology. They were accompanied by John Bryan Starr, executive director of Yale-China Association.

For three members, the trip was a return visit to China. Dr. Hsiung was born near Shanghai, and Dr. Morris was born in Anhwei Province, where his father was a Presbyterian missionary; Dr. Handschumacher had visited China with a delegation from Yale several summers ago.

The Committee visited eight medical schools in five cities — Beijing, Chengdu, Wuhan, Changsha, and Shanghai. A typical visit began with a general introduction meeting at which conditions at the school were described. The members then met with faculty of the school specializing in their same fields to discuss in depth the conditions and needs of each area of teaching and research, and visited their laboratories, wards, clinics and operating rooms. Each member of the Committee delivered a lecture at almost all of the schools.

Early in the visit, it was learned that the Ministry of Public Health favors an exchange between Yale and Hunan Medical College and the delegation made a particularly careful survey of the conditions and needs of that institution. Originally called Hsiang-Ya Medical College, Hunan Medical College and its affiliated hospital were founded in 1907 by the Yale-in-China Association and Hunan YuQun Society. Located in Changsha, capital of Hunan Province, the complex was the regional center of medical education, research and patient care.

Nationalized by the government of the People's Republic of China in 1952, the college and hospital have continued to provide significant medical care to the provincial population and have grown to become one of fifteen medical facilities designated by the Ministry of Public Health as "key" national institutions based on the quality of their programs. As a result, Hunan Medical College receives preferential funding from the Ministry to assist in modernization and development programs.

The Yale-China Association was founded in 1901 as the Yale-in-China Association to promote international understanding through the development of programs of education in and about China. Hunan Medical College is one of several educational institutions it helped to establish. The Board of Trustees of Yale-China Association recently authorized the development of medical exchange programs with Yale and medical institutions in the People's Republic of China.

The following is a summary of the Medical Committee Delegation's observations on their visit to China, written by Mr. Starr with comments by some of the members.



Members of the Medical Committee of the Board of Trustees of the Yale-China Association and their hosts. The delegates, from left to right are: Dr. Handschumacher, Dr. William Summers, Dr. Morris, Mr. Starr, Dr. Hsiung, Mrs. Morris, Dr. Wilma Summers, Dr. Root and Dr. Baue.

Photos for this article are by Dr. Richard Root

Students enter medical school in China having completed their secondary schooling at the age of 17-18. Entrance is competitive by examination. In addition, students have to fulfill rather rigid physical and attitudinal criteria. For example, students may not enter universities or medical schools if they are color blind or if they have not faithfully pursued Party ideologies as defined by their unit leaders. Approximately 500 first year students a year were admitted to each medical school we visited.

The medical school curriculum is a standard one throughout the country. Since the reopening of medical schools in the middle or at the end of the Cultural Revolution, a three-year curriculum has been pursued, although all of the institutions we visited were expanding to a five-year curriculum. None of the students had yet reached the fourth or fifth year of their education. The first two and a half years are devoted to basic science, the next year and a half to clinical disciplines. As mentioned, the last year is an internship; no interns were present in any of the hospitals . . .

From the large size of the medical school classes . . . and the relatively small faculties in Departments of Medicine and limited number of in-patient beds for the number of medical students, one gets the distinct impression that the system is unable to provide the same level of one-on-one teaching and training on in-patient medicine which is seen in typical American medical schools. How medical students are taught out-patient medical care was not learned on this visit. Dr. Root

Medical education. As has been the case since 1949, medical education in China today is carried out almost exclusively at the undergraduate level. The delegation was told by Xu Zhangmin, Director of the Bureau of Medical Education of the Ministry of Public Health that there are now 116 post-secondary medical colleges in China, with enrollments of about 127,000 students. All of these institutions are independent of university affiliation and operate under the joint administration of the Ministries of Public Health and of Education. Five of these colleges are directly and exclusively funded by the central government. An additional twelve are jointly funded by the provincial and central governments. Together, these seventeen medical schools are known as "keypoint" institutions eligible because of their quality and geographical location for preferential funding and for priority development of their most advanced departments and laboratories. Hunan Medical College in Changsha is a keypoint school jointly funded by the central government and by the Hunan provincial government. The remaining schools are funded by provincial or municipal governments.

Most medical schools in China today have a five-year curriculum. The first two years are devoted to basic science courses, the second two years to pre-clinical courses and the final year to clinical work. Four of the five centrally funded schools are in process of implementing a six-year curriculum. The sixth, Capital Medical School (formerly Peking Union Medical College) has begun an eight-year curriculum which will feature the reintroduction of an internship period. Another experimental program is being more widely implemented in the keypoint schools. In this experiment, English will be the language of class instruction in all of their medical courses for thirty students each year. Faculty and students are currently preparing for the inauguration of the new program, which is designed to ready students more effectively for graduate work abroad.

Admission to medical school, as is the case with all forms of higher education throughout China since 1977, is by national competitive examination. Upon receipt of their examination scores, students are permitted to select several schools to which their applications are sent. Keypoint schools are particularly selective, and only the best students are admitted. Tuition and room are free of charge to the students. Board expenses are covered by the students and their families. Scholarships are available for those who cannot afford the board fees of approximately 20 yuan (\$14) per month. Keypoint schools draw students from, and place their graduates in, positions all over the country; locally administered schools generally recruit their students and place their graduates locally. Placement decisions are taken by the Ministry of Public Health or its local bureaus, though graduates' choices are solicited and figure in the final placement decisions.

In addition to covering their basic curricula, medical schools in China also offer a limited program of post-graduate education and extensive in-service training courses. These programs are designed to upgrade the skills of practicing physicians, many of whom received their basic medical training during the "lost years" of the Cultural Revolution, when the medical school curriculum was reduced to three years and heavily infused with political education. In-service training is also being provided for "physicians' associates" — a new term for those who used to be called "barefoot doctors." There are currently 1.7 million physicians' associates, the delegation was told, and the number is gradually being reduced as those who have proven unqualified for this work are assigned to other tasks. Physicians' associates are responsible for primary medical care at the production team and brigade level clinics. They are being encouraged to upgrade their knowledge of basic medical diagnostic and treatment practices through in-service coursework at nearby medical schools.

Medical research. The effects of earlier emulation of the Soviet practice of separating the functions of research and teaching and assigning them to discrete institutions are still seen to a degree in China. Medical research is primarily carried out in institutes under the Chinese Academy of Medical Science, which operates under the Ministry of Public Health. The Academy's role, according to its Vice President, Wu Jieping, is to cooperate with, not to direct, the work of its institutes. While the majority of these institutes are located in Beijing and Shanghai, there are several that are located in provincial capitals elsewhere in the country. The Academy also coordinates the research conducted at institutes with that conducted in laboratories in medical schools throughout the country.

Research takes a third place in priority to teaching and patient care in China's medical schools. As a result, a shortage of time and manpower frequently serves to limit the development of research. A lack of advanced technical equipment also limits research capacity in medical schools, though the delegation observed a tendency in several institutions to acquire this equipment without first determining its applicability to research currently in process or planned for the immediate future. It recommended to those institutions that the acquisition of costly new technical equipment be strictly limited to items for which an immediate research or treatment need had already been established. Particularly impressive were the examples the delegation were shown of laboratory and clinical equipment that had been built locally using available technology, parts and equipment.

A third factor inhibiting the development of research in Chinese medical schools is the separation of research in the medical sciences from research in the basic sciences. Although basic science courses are offered in the medical schools, most research in the basic sciences is conducted elsewhere, and there appears to be relatively little interaction between physicians and basic scientists in research design and execution. Indeed, perhaps the most important obstacle to successful research in the medical schools visited by the delegation was found in deficiencies in research design. The development of controlled clinical experimental techniques, the delegation was told, was seriously hindered by the de-emphasis on research during the Cultural Revolution and the isolation of Chinese scientists from their colleagues abroad.

The delegation found most medical school libraries to be receiving a wide range of international monographs, textbooks and journals. Some journals and books are supplied directly from abroad. Others are reprinted in Beijing under the terms of recent government-to-government agreements on science and technology. Most libraries still suffer from a gap in their collections occasioned by the termination of the purchase of foreign materials during the period 1966-76. Many are attempting to fill this gap through exchange agreements with American medical school libraries or individual physicians. Medical journals published in China have proliferated rapidly in recent years. Generally speaking, there appears to be a good system of exchange of these journals among Chinese medical school libraries. The delegation noted with satisfaction that the major Chinese medical journals are now being distributed internationally and include English language abstracts of their contents. It was recommended by the delegation, however, that a greater effort be exerted to place accounts of Chinese medical research in international journals published abroad, in order that these pioneering research findings can be more widely shared.

Despite the several factors inhibiting research in China's medical schools, the delegation was impressed by a number of the projects that they were shown. Of particular interest were the numerous efforts being made to isolate the effective agents in Chinese herbal medicines using modern laboratory techniques — a very promising area of potential collaborative work between Chinese and foreign scientists, in the view of several members of the delegation. While less emphasis is being placed on the integration of traditional and modern medicine in China than there was a decade ago, there are nonetheless

Several general features were evident at each of the basic science laboratories and departments which were visited. All seemed to be just recovering from the effects of the Cultural Revolution, a time during which the labs were either closed or diverted to other purposes, and the faculties directed to carry out other work. In several departments, we were told that they just started to carry on laboratory research in the past two years.

Another common feature is the tendency to separate the teaching staff from the research staff. The staff which teaches the basic medical sciences to medical students is said to be fully occupied and to have no time for scholarly research. In most departments, there is a group of people who are working in one area of research. Thus, there is more departmental specialization than individual faculty specialization. — Dr. William Summers

Very considerable interest in preventive medicine is evident and has been a theme in the Chinese medical establishment over the last decade. There is an active interest in epidemiological questions and means of intervention in populations that are at high risk to develop cancer are being formulated with chemo-preventive treatments. The relative immobility of their population and the ready access researchers have to personal information, should permit very effective epidemiological studies in the future. Mass screening techniques have been developed for markers such as alpha-feto-protein and the HBV antigen to diagnose hepatitis and the common sequela, liver cancer. Such studies augmented by new toxicological developments could provide important leads to aid in the diagnosis and treatment of disease not only in China but throughout the world. — Dr. Handschumacher

The Chinese surgeons showed great ingenuity in improvising, developing methods and instrumentation to do things when they could not buy instruments or enlist the help of others. Most institutions did not seem to keep track of the workload, the number of patients seen, the waiting list, or a compilation of the types of procedures and types of problems they had to cope with.

The surgeons, as well as other physicians, used a combination of Western and traditional medicine approaches to disease. Many traditional medicines were used pre- and postoperatively. Acupuncture, of course, for anesthesia is a classical example of traditional medicine currently used. Presently, acupuncture is used only for approximately 10 percent of operations. Epidural blocks are more frequent. According to the surgeons I talked with, acupuncture works best for head and neck operations and for those in the lower abdomen, such as caesarian sections. Acupuncture is used infrequently for other things. The surgeons find it requires a long time for induction (from 45 minutes to an hour) and sometimes does not work. It must be supplemented by intravenous medication, in addition and, therefore, has not been as useful for them now that the initial rush of publicity and trial is over. — Dr. Baue

In the field of population control — one of the most important problems facing the medical profession today — collaboration with the People's Republic has much to offer. China is the largest nation in the world with nearly one quarter of the world's population. It has done more in the field than any other nation, both in motivation and methodology . . .

Family planning clinics are active with excellent informative posters. Papanicolaou smears are reported within 20 minutes, and may be acted on before the patient leaves the clinic. In addition to Western contraceptive methods and injectable steroids, the use of gossypol in males for inhibition of spermiogenesis and in women for treatment of endometrial hyperplasia warrants collaborative studies. The use of rivanol for second trimester abortion was universal on all gynecologic services visited and appears to be superior to methods used in western countries. Intra-amniotic use of this compound is not reported in the English medical literature. — Dr. Morris

several medical schools that specialize exclusively in traditional Chinese medicine. In addition, all of the "modern" medical schools also feature departments of traditional medicine, and medical students in these schools are given basic instruction in its use. In the hospitals, acupuncture is often employed for anesthesia and, in a more limited way, for treatment. Much more widespread is the use of herbal medicines, often in conjunction with modern drugs.

Medical treatment. By American standards, the facilities in most, if not all, the hospitals attached to the medical schools visited by the delegation are outdated and insufficiently sanitary. Visitors to Chinese hospitals are often reminded of the facilities typical of American hospitals of thirty or forty years ago. Despite the deficiencies in facilities and equipment, however, it was the delegation's impression that the treatment being given most patients was up-to-date, appropriate and effective.

The average patient stay in a Chinese hospital is between three weeks and one month — nearly four times the average time in this country. This long hospitalization is occasioned in many instances by the need to strengthen the patient prior to surgery, and in virtually every instance by a shortage of housing space that results in a lack of appropriate convalescent facilities outside of the hospital. A lack of space to permit the isolation of patients and of facilities to create a sterile environment results in an apparently high rate of hospital-acquired secondary infection among patients. This problem is also encountered in some instances where very advanced treatment techniques are employed outside of the highly sterile conditions in which they were initially developed.

In addition to their inpatient population, each of the hospitals visited has extensive outpatient facilities where large numbers of local residents and referrals are handled. Outpatient visits generally cost the individual .25 yuan (\$.18) for the first visit, .10 yuan (\$.07) for each subsequent visit, though this cost is frequently borne by the patient's work unit. Inpatients are charged .60 yuan (\$.42) per day for their bed. Operating fees vary from 1 yuan (\$.70) to 30 yuan (\$21). Drugs are very inexpensive. Transfusions, however, at 13 yuan per 100 cc., are relatively expensive. Again, these costs are frequently covered by health insurance plans at the patients' places of employment.

Prospects for exchanges. Each of the medical schools visited are interested in establishing exchange relations with medical schools abroad. They are eager to send their most promising mid-career and younger physicians abroad for further training. They also look forward to having American and European physicians visit their own institutions for teaching and research. Indeed, delegation members were asked to lecture at each of the schools visited and, despite the language barrier, interest in these lectures was uniformly high. As suggested above, exchange agreements are also seen as a means for augmenting library collections of research materials and for facilitating collaborative research projects.

The delegation indicated its support of these goals, pointing out the need to incorporate in exchange agreements provisions making them genuinely reciprocal. Only in those instances where both parties to an agreement stand to benefit from its provision, the delegates stressed, is the agreement likely to endure.

Especially impressive to the delegates was the dedication of those in the medical profession in China with whom they had contact. Fortunately for the future of medicine in China this is especially true of the younger generation of students, who will be tomorrow's physicians.

As a result of recommendations from the Yale-China Medical Committee, the Board of Permanent Officers of the School of Medicine has agreed to establish an informal cooperative relationship between the Yale School of Medicine and Hunan Medical College. This is to include the following:

- a. The School of Medicine will coordinate the placement at Yale of visiting fellows from Hunan Medical College. The decision whether or not to accommodate a visiting fellow in a specific laboratory or department is to be made by the individual Yale faculty member concerned.
- b. The School of Medicine will permit and encourage short-term visits of members of its faculty to Hunan Medical College for teaching and research.
- c. The School of Medicine will assist members of the faculty of Hunan Medical College in selecting other appropriate American institutions at which to work when placement at Yale is not feasible or desirable.
- d. The School of Medicine will exchange library materials with Hunan Medical College.
- e. The School of Medicine will facilitate collaborative research projects between members of its faculty and the faculty of Hunan Medical College.

The School of Medicine will also consider requests and proposals that it may receive for informal cooperative relations with other medical institutions in China; such relationships to be developed on the basis of the principles of reciprocity and mutual benefit.

The Yale-China Medical Committee will screen visiting fellows nominated by Hunan Medical College and facilitate their placement at Yale; select recipients of the Yale-China Association travel grants which will enable Yale faculty members to visit Hunan Medical College for teaching and research; and assist members of the Hunan Medical College faculty in preparing scientific manuscripts for publication. The Committee will also serve in an advisory capacity to the Yale School of Medicine on other China-related matters.



A view of the old Yale-in-China Medical College, Hunan.

In summary, I was left with the impression that this was a nation that was finally entering a phase of relative tranquility and support for broad intellectual development after many years of turmoil. The people are highly resourceful, able to work prodigiously and exhibited a high level of technical expertise with their rather limited resources and equipment . . .

Appropriate machinery and equipment can be acquired and technical expertise will rapidly continue to develop through exchanges with the West. Much more important is the need to develop approaches to science and medicine which stress the orderly collection of facts and the deductive reasoning process rather than relying on the intuitive reasoning that seems to characterize much of the current science. This can be fostered by the design and execution of carefully controlled clinical trials of currently used and newly developed agents, the support of freer lines of communication between Chinese and Western medical science (as well as within China itself), and the provision of a period of education for the leaders, but most importantly, the younger members of the Chinese medical establishment in the U.S. and other Western countries.

From the standpoint of Western physicians and scientists who are looking for opportunities to carry out their studies in China, particularly striking are the huge clusters of disease that provide opportunities for epidemiologic investigations, the determination of new pathogenetic relationships, and the development of field programs for new therapeutic approaches. In addition, the careful elucidation and characterization of active principles or their combinations in the Chinese traditional medicines is a particularly fertile field for further study.

Most encouraging to all of us on the trip was the expressed dedication of the physicians and scientists that we met to receive new ideas and approaches, and to learn what lessons the Western world has to offer while being willing to receive us in kind in their schools and hospitals. One can only hope that this door which has been opened between two governments will remain a viable statement of policy to permit a meaningful exchange of ideas, approaches and technology to occur.

Dr. Root

Dr. Morris and two physicians from the obstetrics and gynecology unit of Sechuan Medical College review slides. Thirty-to-forty-percent of the physicians the delegation met in China were women.

To visit China after a lapse of 35 years presents some striking contrasts in medical care. In the late 1940's, it is estimated that there were approximately 12,000 fully trained doctors in China. Poverty, infectious disease, and inadequate access to medical care — especially in rural areas where more than 80 percent of the Chinese population lived — were widespread. Mao's concept of taking medicine to the people — to a large extent by training paramedical personnel who were sent to rural areas — has resulted in marked reduction of the incidence of infectious and parasitic diseases. Opium addiction, venereal disease, and alcoholism were also essentially eliminated. Chinese medicine appears to be altruistic and doctors seem interested in caring for people rather than making money. (A doctor's salary is \$50 to \$100 per month). They do not wish, however, to prolong the life of these hopelessly incapacitated, or preserve the life of the malformed, mentally deficient premature infant. — Dr. Morris



The research training and experience of the current generation of basic scientists is poor, in the formal sense; a few seemed to be self-taught to a reasonable level. They are current in terms of factual material; however, the training in critical thinking has been absent, so they tend to accept dogma and authority too easily. The purpose of experimental work — as a hypothesis, testing activity — does not seem clear in the thinking of most scientists I met. Another deficiency in training is the lack of general appreciation of statistics and experimental design. This was especially noted in the clinical investigations I was shown. —

Dr. William Summers

The research programs in pharmacological sciences in China are largely focused on developing a better understanding of the active principles in traditional medicines. This stems from the exhortation by Chairman Mao to exploit the potential of this source, and most Western observers would agree that exciting new approaches to therapy may exist in these complex biological mixtures. — Dr. Handschumacher



Second-year students in pathology at First Medical College, Peking, study with monocular microscopes, typical of instruments used for teaching throughout China. "We are very aware of our shortcomings," Dr. C. A. Teang, Chief of Medicine at the General Hospital, Sechuan Medical College, told Dr. Root, on a recent visit to Yale. "We are working hard to increase the scientific basis of our work, and to counteract superstition and imperialism in the practice of medicine."

Crowded conditions and the inclusion of patients with infectious diseases in the 14-bed hematology unit at the First Affiliated Hospital, Hunan Medical College, prohibit intensive care of leukemia and lymphoma patients. Blood transfusions in China are one of the most expensive treatment modalities, costing almost a fifth of a typical month's wages.



Characteristic in all of the hospitals and medical schools visited was the advanced age of the facilities, which were not well maintained. Often the wards were not clean. In contrast, the operating rooms which, although in the same physical plant, were clean and scrubbed but had windows opened. Equipment to do operations, for anesthesia, for other support activities including monitoring, was very meager, if present at all. There were few instruments. — Dr. Baue

Many aspects of Chinese traditional medicine warrant collaborative programs, especially in pharmacology and anesthesiology. The widespread use of electrical acupuncture anesthesia for certain procedures would make studies in this area, including such subjects as endorphin release, worthwhile. In the 12 hospitals visited, we did not encounter a single case of head and neck surgery or Caesarean section done with any other anesthetic modality. — Dr. Morris



As I reviewed my visits to the various medical schools and virology research institutes in the People's Republic of China, discussions with individuals and lectures to large and small audiences, I saw a group of very intellectual, vigorous and enthusiastic young and old investigators who are eager to learn the latest developments for highly qualified experimental and clinical virology research. Despite a long period of "isolations," funding for research appears to be restored, although it is limited; new equipment has been purchased and some is available in many laboratories. With additional trained personnel, studies of many important viral diseases, for example, epidemic hemorrhagic fever, its etiology and means of prevention and control, may be feasible. — Dr. Hsiung

Dr. Hsiung found her old place in the library at Sechuan College, which she attended as an undergraduate. It was then known as West China Union University.

Medical research usually progresses from the idea stage to laboratory experiments to animal studies and finally to human studies, before a new concept is accepted. Although some animals and *in vitro* models can simulate human biological systems and disorders, eventually it becomes necessary to submit promising findings and procedures to clinical study. Also, a number of human illnesses exist only in man and cannot be modeled. In summary, there is no substitute for a direct study of the intact human organism through clinical research.

Not too long ago, research clinicians performed their studies on the wards, where conditions for conducting carefully controlled research were far from ideal. There were few of the necessary facilities, and the nursing staff, for the most part untrained in research skills, were too busy taking care of sick people to devote time required for monitoring a research procedure. At the same time, patients being studied were unaware that they were subjects of a medical investigation and uninformed of potential benefits as well as risks involved.

In 1960, the Division of Research Resources of the National Institutes of Health established the General Clinical Research Centers Program to provide medical scientists with the kind of clinical environments necessary to conduct high-quality clinical research. There are 75 General Clinical Research Centers located in teaching hospitals and universities throughout the U.S. Each center is a miniature hospital-within-a-hospital with specialized equipment and expert personnel. A typical center contains about eight beds, a core laboratory, a metabolic kitchen, treatment rooms, patient lounge area, nurses' station, conference room and outpatient section.

The Yale School of Medicine was one of the first academic medical centers to receive funding to establish a Center, and is one of the few to have both an adult and a children's unit. Dr. Henry Binder, professor of medicine, is director of the adult unit, and Dr. Myron Genel, associate professor of pediatrics, is director of the children's unit.

With a total of 18 patient beds and two core laboratories, the Yale GCRC Program is involved in almost 50 clinical research projects in fields including genetics, endocrinology, gastroenterology, rheumatology, psychiatry, pharmacology, neonatology, hematology, and nephrology. One of the first projects supported by the Program at Yale was the development by Dr. William W.L. Glenn and his colleagues of an electrophrenic respirator. The surgically implanted device greatly facilitates breathing of lung damaged patients by stimulating and pacing the phrenic nerve. The procedure has earned recognition throughout the world.

More recently, GCRC support to Yale has contributed to the development and on-going research on an insulin infusion system for diabetic patients; intensive studies into the cause and treatment of Lyme disease, a new illness first recognized in 1975 by Yale scientists; and pioneering in the development of new technology for viewing *in utero* the fetus for prenatal diagnosis of certain inherited disorders.

Both sick and healthy patients are admitted to the GCRC. Those who are well often serve as controls from which to study a specific disease or treatment. The only criteria for admission is the patient's suitability for participation in a research project, and willingness to become involved in the study.

Before a patient may take part in a clinical research project or undergo a medical or surgical procedure, the physician in charge of the Program must fully explain the study, outlining the potential risks and benefits. The NIH has formal regulations to insure the safety and welfare of persons involved in human research and each institution with a GCRC must follow these regulations. In addition, at Yale, the Human Investigation Committee, composed of physicians, nurses, faculty, students, a lawyer and the chaplain, as well as community representatives, reviews each protocol for scientific merit as well as patient safety. Finally, after a protocol has received approval of the HIC, it must be reviewed and approved by the Advisory Committee of the GCRC.

After being advised of the study and the regulations governing it, patients wishing to participate must give their "informed consent" by signing a paper stating that the physician has fully explained the situation and the patient understands what was explained. Patient care and laboratory expenses incurred by research patients are paid for by the GCRCP grant.

GCRCP

— Creating Ideal Conditions for
Clinical Research



Dr. Myron Genel

School Commemorates 20th Anniversary of GCRCP

J. D. Levine



Dr. Henry Binder

Dr. Arthur Ebbert, Jr., Deputy Dean, second from left, receives a plaque commemorating the 20th anniversary of the founding of the Program from Dr. William DeCesare, chief of the GCRCP. Dr. Myron Genel, far left, is director of the Children's GCRCP Unit, and Dr. Henry Binder, right, is director of the Adult Unit.

Sven Martinson



More than 150 guests attended the reunion of patients, former patients and their families and the staff of the GCRCP Children's Unit. They enjoyed a delicious supper and a good party.

During the week of May 2-9, the School of Medicine commemorated the 20th anniversary of the establishment of the General Clinical Research Centers Program of the NIH with a special series of events illustrating the importance of the Program to advances in treating illness.

Highlights of the week included a reunion of patients and former patients and their families with members of the staff of the Children's Clinical Research Unit and the Grover Powers Lecture, which was given by Dr. Melvin Grumbach, chairman of the Department of Pediatrics at the University of California at San Francisco. Dr. Grumbach spoke on "The Brain and the Endocrine System: Contributions of Clinical Research." His lecture was followed by a brief ceremony during which Dr. William DeCesare, chief of the General Clinical Research Centers Program, Research Resources Division of the National Institutes of Health, presented a commemorative plaque to Dr. Arthur Ebbert, Jr., Deputy Dean, who received it on behalf of the school.

During the week, members of the faculty who have participated in GCRCP sponsored research projects reported on their work at grand rounds, special seminars and lectures. Among them were Dr. Mary Rudolph on the use of the insulin infusion pump in the management of pregnant diabetics; Dr. Gilbert Glaser on new treatment for epilepsy; Dr. Leon Rosenberg on clinical research projects in human genetics, and Dr. Donald Cohen on recent findings of research on Tourette's syndrome.

The events, which attracted media attention and were well attended by interested audiences, were planned by Dr. Henry Binder, director of the Adult Unit, and Dr. Myron Genel, director of the Children's Unit, with special assistance from Roberta Shaw, administrative coordinator of the Children's Unit, and Susan Bierbower, senior administrative assistant of the Adult Unit.



A Shrine to American Medical History

by Marjorie Noyes

Historic preservationists are a uniquely dedicated lot. They will go to extraordinary lengths to save what to many is an old wreck of a place. This requires imagination, determination, political savvy, meticulous scholarship, and above all, the ability to raise lots of money.

Typical is the project undertaken by members of the William Beaumont Homestead Preservation Trust — but theirs had an additional twist. Plans called not only for the restoration of the Lebanon, Connecticut farmhouse in which the noted early American physician and physiologist was reportedly born, but also for moving it several miles across town.

It all began back in the 1920's, when two founding members of the Connecticut's Beaumont Medical Club, Dr. Leonard Bacon, a descendant of Dr. Beaumont, and Dr. Herbert Thoms, visited Lebanon. Long-time residents there told them the small farmhouse in the Village Hill section of town had been built in the 1760's by one Samuel Beaumont, and that his son William had been born there. This was exciting news to these two medical historians, but unfortunately, town records on the house dated back only to 1865 — not far enough to assure the authenticity of the claim.

It didn't matter — Dr. Thoms was convinced. An accomplished artist as well as prominent obstetrician, he made an etching of the place to remind succeeding generations of Beaumont Club members that the historic house existed, and for the next twenty-five years, relentlessly continued his efforts to interest them in its preservation.

When the small farmhouse came on the market in 1966, Beaumont Club member, Dr. John Riesman began in earnest to research its origins. In the true spirit of a preservationist, he assembled facts from deeds in town records, wills on file in the Connecticut Library and Beaumont family papers, and land maps dating as far back as 1772. It took several years to put them together piece by piece, but finally

he had the evidence required to persuade the most demanding critics of the State Historical Commission that the small farmhouse four miles north of the Lebanon Green had in fact been built by Samuel Beaumont and was, with reasonable certainty, the birthplace and early home of the doctor.

Should the Beaumont Medical Club commit itself to the purchase and preservation of the homestead? It was estimated that the restoration alone would cost fifty thousand dollars, and an almost equal sum would be required to have the building maintained as a Beaumont museum. Could forces be mustered to take the responsibility for raising funds and orchestrating the many aspects necessary for the project's success?

In 1970, nine members of the Beaumont Medical Club, which usually meets at the School of Medicine, established the Beaumont Homestead Preservation Trust, a public foundation with tax-exempt status. Its purpose was to purchase, restore, and open to the public the birthplace and boyhood house of the great American physiologist, Dr. William Beaumont, in Lebanon, Connecticut. The Beaumont Medical Club would offer volunteers for the new organization, and would continue to review its activities with parental concern, but no legal responsibility!

Once the house was purchased, it was obvious that it should be moved from its rather remote site in Village Hill, where it could easily become the object of vandalism. This decision received enthusiastic endorsement of the Lebanon Historic Society, which previously had voted to assume responsibility for management of the restored home if it were located near the center of town. After considerable frustration in finding a suitable site, the Beaumont preservationists were rewarded with a generous offer from the Connecticut Chapter of the Daughters of the American Revolution. The house could be moved to a lot on their property facing the Lebanon Green.

With its historic neighbors, the Governor John Trumbull home, the Connecticut War Office of 1775–1781, and the old Wadsworth stable, it was the perfect site for the Beaumont homestead.

As is all too often the way in such projects, what seemed an ideal solution to some, was viewed with dismay by others. Residents of the Village Hill section observed quite correctly that some of the historic value of their area would be lost irretrievably with the proposed relocation. A town committee was formed to promote the *non*-relocation of the Beaumont House. Meetings were held with what could be called “frank exchanges of views” by the various parties. At last the problem was resolved when it was agreed that the acre of land purchased with the homestead by the Beaumont Club would be given to the Town of Lebanon to be held in perpetuity as a park honoring Dr. Beaumont's memory. A plaque will be placed there.

The homestead was purchased on May 15, 1973 by the Trust. It was in a forlorn state, but structurally sound. “The roof and sill timbers were solid and the gunstock corner posts were intact. Nevertheless, the interior had suffered many changes and there was much restoration work to be done,” according to a report by Mrs. John Riesman, who with her husband, had been involved in the project from the beginning.

The homestead was dismantled board by board by Leon Lewis, a skilled restorer of old homes. “The discoveries he made underneath the modern plywood were remarkable indeed,” Mrs. Riesman observed with enthusiasm characteristic of preservationists the world over. “He found twelve-to-fourteen-inch wide boards which formed the walls of the kitchen on one which was carved the name ‘S. Beaman,’ for Samuel Beaumont, Dr. Beaumont's father.” (The Beaumont family signed their name *Beaman*, according to earlier records found.) There were other similar initials found



The Beaumont Homestead

carved on beams and floorboards in the house, reinforcing Dr. Riesman's earlier research.

"The hearthstones for the fireplace were found underneath the so-called 'modern improvements' and linoleum. One large piece of the kitchen hearthstone was missing, but fortuitously, Mr. Lewis found it under rubble covering an old dug well outside the kitchen door. The piece fitted the broken hearth perfectly," Mrs. Riesman reported. It is discoveries such as this that keep preservationists going, even when funds are dwindling and some are grumbling about the slow progress in putting things back together.

In the process of dismantling the old house, Mr. Lewis was able to reconstruct the original layout of the rooms. There had been a large kitchen with a fireplace and bake-oven, as well as a buttery. The front parlor had a small fireplace, and just under the modern wallboard that recent tenants installed, was beautiful eighteenth-century panelling. There is a second front room, also with a small fireplace and panelling. Although small, the house had been well-built, with a good deal of artistic taste.

William Beaumont (1785–1853) came from a family whose ancestors in Lebanon had been well-to-do farmer-landowners of strong religious and political views. He attended the town's common school, where, it is said, he excelled in English and Latin. He had no interest

in the family's farm, and left town when he was 21 years old, heading north without plan or itinerary, but with a desire to see some part of the world, and to "have an effect for good in it." The rest is medical history.

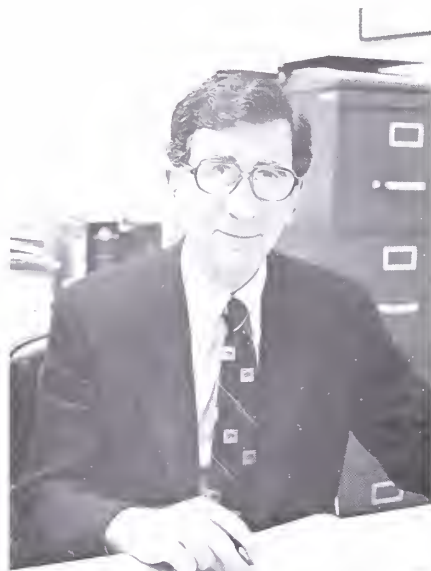
Although he never returned to the farmhouse in Lebanon, members of the Beaumont Homestead Preservation Trust have acknowledged his achievements by reconstructing a doctor's examining room as it would have been in the early nineteenth century. It is a small room next to the kitchen. "We have a few articles for this room on loan from the Edward Streeter Collection of the Yale Medical Library," Mrs. Riesman said. "We also have Dr. William Beaumont's own wooden trunk from the Medical Library, containing many pamphlets on Beaumont and the Beaumont House, all of which have been inventoried. If we could acquire such articles necessary to represent an examining room of this period, it would be the first in Connecticut, we are told."

Furniture and accessories for the kitchen, parlor, and bedroom have been acquired, some through gifts in memory of Dr. Riesman and of Dr. Levin Waters, who also was an early and ardent supporter of the project. These gifts have enabled the purchase of a rope bed, blanket chest, candle stands, a butter churn, spinning wheel and yarnwinder, a baby's high chair, and other furnishings typical of the period and genre of the

house. Other furniture is needed to complete the interior, such as a cradle, a rocker or small settle to put next to the fireplace, according to Mrs. Riesman.

Historic houses are never really finished, and the Beaumont house will not be an exception, but restoration is quite far along. Lilac bushes and rose bushes and trees have been planted with care to blend the old house into its new setting. Visitors there claim that one would never know that it hadn't been built right there on the Green. In time it will become a shrine not only to the young man who set forth from it to "have some good effect in the world" and became a great and pioneering investigator and physician, but to American medical history as well.

The Beaumont Medical Club, organized in New Haven in 1920, includes in its membership individuals from throughout Connecticut with an interest in the history of medicine and allied sciences. Although many of its members are physicians with an amateur interest in the field, others are professional historians, bibliophiles, librarians, and others with an interest in medical history. Meetings are held five or six times a year, usually in the Yale Medical Library, to hear papers presented by members and guests.



Dr. Hoffman



Dr. Robert W. McColhan, left, Mrs. Esselstyn, and Dr. Edmund D. Pellegrino, the fourth Caldwell B. Esselstyn Fellow of the Department of Epidemiology and Public Health.

Dr. Hoffman Elected to National Academy of Sciences

In recognition of his distinguished and continuing achievements in original research, Dr. Joseph F. Hoffman, Eugene Higgins Professor of Physiology, has been elected to the National Academy of Sciences. Election to membership in the Academy is considered one of the highest honors that can be accorded an American scientist or engineer.

Dr. Hoffman is an authority on cellular and comparative physiology, best known for his investigations of the mechanisms by which substances are transported across cellular membranes. He was chairman of the Department of Physiology from 1973 to 1979.

Before joining the Yale medical faculty in 1965, he was head of the Section of Membrane Physiology in the Laboratory of Kidney and Electrolyte Metabolism, National Heart Institute, Bethesda, Maryland. In addition, he was a member of the faculty of the National Institutes of Health Graduate Program, and a lecturer in physiology at George Washington University School of Medicine.

Dr. Hoffman received B.S. and M.S. degrees from the University of Oklahoma, and an M.A. degree and a Ph.D. degree from Princeton University. While at Princeton, he was John Dwight Sterry Fellow in Biology, and William Greig Lapham Fellow in Biology. In addition, he was Visiting Associate Biologist at Brookhaven National Laboratory, as well as Special Fellow, U.S. Public Health Service, Department of Colloid Science, Cambridge University, England.

Dr. Pellegrino Was Fourth Esselstyn Fellow

Dr. Edmund Pellegrino, former President and Chairman of the Board of Directors of the Yale-New Haven Medical Center, Inc., returned to Yale in April as the Fourth Caldwell B. Esselstyn Fellow of the Department of Epidemiology and Public Health. In addition to delivering the Esselstyn Lecture, "Commerce, Contract, or Covenant: Moral of the Healing Relationship," Dr. Pellegrino met informally with faculty and students during his three-day visit here. A reception in his honor was attended by many friends and Yale colleagues.

Dr. Pellegrino, who resigned from his Medical Center post in 1978 to become President of the Catholic University of America, is well known both as a philosopher and as a medical educator. He has combined the study of science, philosophy and the humanities throughout his career. These interests are reflected in his two books: "Humanism and the Physician" and "The Philosophical Basis of Medical Practice." In addition, he is founder and editor of *The Journal of Medicine and Philosophy*.

The Fellowship was established by the Esselstyn Foundation in 1978 in honor of the late Dr. Esselstyn, to bring to the Yale community the opportunity for dialogue on social and ethical issues as they affect health and the quality of life. Fellows are selected from among those whose work has influenced present public debate on health care policies, whether or not they are directly concerned with the delivery of health care services.

Dr. Glenn Receives George Rosen Memorial Award

The Beaumont Medical Club presented the George Rosen Memorial Award to Dr. W. W. L. Glenn, Charles W. Ohse Professor of Surgery. The Rosen Award was established in 1978 in honor of the late professor of the history of medicine and epidemiology and noted medical historian. It is the gift of Mr. Neale Watson, a New York publisher of historical medical texts.

The citation to Dr. Glenn read in part: "... you have observed the shining footsteps of Yale's great surgeon historians, Cushing, Harvey, and Lindskog. Caught up like them in the excitement of your craft's ancient record, you have in turn, passed on to others a knowledge of how surgery's present, transformed by time into its past, at the same time inescapably molded its future.

... In 1956, you were asked to initiate at Yale an annual series of lectures in the history of surgery. Thus was implanted a unique Glenn pacemaker. For twenty-six years you have sent stimuli flowing at a commendable frequency through the neurons of faculty, house staff, and students, bringing them in happy company to examine together surgery's luminous history."

Yale Student Wins Osler Medal

Lewis P. Rubin, a third year student, was awarded the 1981 Osler Medal of the American Association for the History of Medicine for his paper entitled, "A Presumptuous Provincial Genius: the Life and Associations of Thomas Beddoes, M.D. (1760-1808)." The medal was presented to Mr. Rubin at the 54th annual meeting of the Association, held in Toronto in May.

Annual Awards

The following awards were presented at a meeting of the Student Council on Friday, May 8:

The Francis Gilman Blake Award was presented to **Dr. Peter Grannum**, assistant professor of obstetrics and gynecology. The award is presented each year by the graduating class to the outstanding teacher of the medical sciences.

The Betsy Winters House Staff Award is presented annually to the member of the house staff of the Yale-New Haven Hospital who has made the most significant contribution toward the education of medical students. The selection is made by the senior class, who this year presented the award to **Dr. Peter Kelly**, a postdoctoral fellow in infectious disease.

The Marguerite Rush Lerner Award was established this year to be given annually to a medical student for outstanding creative writing, either written or performed, not necessarily of a serious nature. The first Lerner Award actually was presented to three students, **Peter Blier, Leonard Saltz, and Henry Weiner**, who write an especially appealing scene for the annual Second Year Show. Dean Robert W. Berliner made the presentation.

Dr. Kim Eagle, a second year resident in medicine, and **Dr. Joseph Chandler**, an intern in medicine, received the *Samuel D. Kushlan Awards*. Established in 1969, the awards recognize the intern and second-year resident who have contributed the most to patient care during rotation through the Memorial Unit Medical Service. Selection of recipients is made in consultation with the clinical faculty and the nursing service.

The Benedict R. Harris Award, established in 1967, was presented to **Dr. Charles DiSabatino**, assistant clinical professor of medicine. The award is made annually to the private physician who has contributed the most to the teaching of the house staff. Selection is made by first-year assistant residents.

Connecticut Lions Top \$1 Million in Donations to Yale Glaucoma Research

The Department of Ophthalmology and Visual Science has received \$25,000 from the Lions Club International. In a ceremony on April 16, the check was presented to Dr. Marvin Sears, professor and chairman of the Department by William O'Neill, president of the Connecticut Lion's Eye Research Foundation, which has been outstanding in its support of glaucoma research at Yale. The gift brings to a total one million dollars donated by the Lions Club to the Department.

Under Dr. Sears' leadership, the Department has earned international recognition in the field of vision research, and in particular, for its studies in glaucoma. The most recent achievement has been research leading to the development of the anti-glaucoma drug, Timoptic, the first major breakthrough in the treatment of the disease since the early 1900's.

The Connecticut Lion's Eye Research Foundation has been dedicated to furthering research in the causes and control of glaucoma and the pressure within the eye. Since its founding in 1957, it has contributed much needed laboratory space and equipment to the Department of Ophthalmology and Visual Science. The Connecticut Lion's Glaucoma Referral was founded in the Department in 1966, and in 1972, The Harold A. Ashley Glaucoma Laboratory of the Connecticut Lion's Eye Research Foundation was dedicated at Yale. Dr. Sears is well known for his studies in intraocular pressure, as well as for his significant contributions as a surgeon and an educator. He has received a number of awards for his research, including the Friedenwald Award, one of the highest honors accorded in the field of vision research.

Conferences on Contemporary Issues in Medicine

The Yale Chapter of the American Medical Student Association was host of the first conference in the Contemporary Issues in Medicine Series, held on February 28. Entitled "Health Manpower: Challenge for the Eighties," it was conceived and developed by four Yale medical students, Ann Yvette Koontz, '83, Michael B. Tom, '83, Frank Yeomans, '81, and Evangeline Franklin, '82, with Dr. Arthur J. Viseltar as faculty advisor. Their purpose was to provide an important addition to the education of health professions students and practitioners. Over 23 institutions were represented at the meeting. The conference was sponsored by the AMSA, Yale School of Medicine, the Student National Medical Association — New England Region, and the NHSC Scholarship Recipient Council. The one-day event was an unusual opportunity for more than 150 students to discuss manpower issues and policy with a number of nationally known participants.

The conference was opened by a triad of leaders in the health professions: Karen Davis, former director of the Health Resources Administration of the Department of Health and Human Services; Dr. Alvin R. Tarlov, chairman of the Graduate Medical Education National Advisory Committee; and Rashi Fein, professor of the Economics of Medicine at Harvard. Other participants included Dean Robert W. Berliner; Dr. Robert Massey, dean of the University of Connecticut School of Medicine; Dean Donna Diers of the Yale School of Nursing; Dr. Samuel Thier, professor and chairman of the Department of Internal Medicine, and Dr. George Lythcott, former Assistant Surgeon General and chief administrator of

Health Services Administration.

Ms. Davis presented the objectives of the government's health policies under the Carter administration. These priorities included improvement of access to health care (financial and physical), promotion of preventive medicine and the nation's health, the stimulation of new knowledge, and the development of new health resources both quantitatively and qualitatively.

She then used the opportunity to state her own opinions on health manpower for the first time since she left her government position. She stated that, "the maldistribution of physicians is our most pressing problem," that there are not enough physicians in primary care, and that "technologically oriented medicine" is responsible for many of the current problems. She went on further to say that minorities and the disadvantaged are underrepresented in the health professions (18 percent of the population is Black vs. 7 percent of all physicians).

Next to speak was Dr. Tarlov. Last September the Graduate Medical Education National Advisory Committee (GMENAC), predicted that there will be an oversupply of 70,000 physicians by the year 1990 and over twice that many by the year 2000. GMENAC is an advisory group to the Secretary of the Department of Health and Human Services.

Dr. Tarlov outlined the general objectives of a profession and then suggested that many of these, with respect to the medical profession, have been taken over by external agencies (e.g. the government). He stated that a profession is a dynamic entity which responds to changes in the environment. However, the medical profession has become stale to the point of having lost its flexibility. According to Dr. Tarlov, the 108 recommendations made by GMENAC are mainly directed towards the private sector of the health care delivery system such as medical schools and teaching hospitals. The goals of the recommended changes are to restore some internal control to the medical profession.

He emphasized that GMENAC was a joint effort by government and the medical profession "to develop

data and resources to permit sensible policy development regarding the number of physicians needed, specialty distribution, geographical distribution, and financing of medical education."

The last keynote speaker was Professor Fein who challenged the view that the health care delivery system functions under the same classical economic rules of supply and demand as do other goods and services. He stated that medicine is unique and, unlike cornflakes and cars, cannot be subjected to the open market forces of free competition. There has been a pre-occupation with health-care costs and efficiency at the expense of benefits achieved by health care programs. He faulted GMENAC on methodological grounds, saying that there were technical fallacies used to estimate the true state of the current health care market. He further stated that the GMENAC failed to specify the nature of the problem (what is the disadvantage of a physician surplus?) and that it did not address the social cost of limiting entry to the medical profession.

Professor Fein also suggested that what may actually be needed is an increase in the number of physicians in the country. By having fewer patients per physician, the quality of care could be increased at the same overall cost. He commented that the government has provided programs like Medicare and Medicaid but has not defined the structure of the overall delivery system. Finally, he suggested that the remedy to the many problems presented may be found in the creation of a national health service or national health insurance.

In the afternoon sessions of the conference, the participants met in eleven workshops, each dealing with specific manpower policy areas. These two-hour sessions, moderated by students, provided participants with the opportunity to discuss a specific policy issue dealing with physician education or the profession of medicine. Groups were encouraged to formulate criticisms and policy recommendations. The proceedings of the conference will be published.

Evangeline R.H. Franklin, a third year student in the M.D./M.P.H. program, is former Region I trustee of the American Medical Student Association and vice-president of the National Health Service Service Corps Scholarship Recipient Council. She was chairperson of the Conference.

Yale and New Haven Area Health Professionals Appeal for the Prevention of Nuclear War

In a full page advertisement in local newspapers, almost 500 Yale-New Haven Medical Center and New Haven area health professionals issued a "warning from health professionals for the prevention of nuclear war." The ad urged readers to join its authors in appealing to President Reagan and Chairman Breznev to defuse the current tensions between our countries; to ban the use of all nuclear weapons; and to recognize the threat posed by the very existence of our enormous nuclear arsenals.

Addressed to our leaders and fellow citizens, it notes that, "as health professionals and concerned citizens, alarmed by an international political climate that increasingly presents nuclear war as a 'rational' possibility, we are impelled to renew a warning, based on medical and scientific analysis, that:

1. Nuclear war, even a 'limited' one, would result in death, injury, and disease on a scale that has no precedent in the history of human existence.

2. Medical 'disaster planning' for a full-scale nuclear war is meaningless. Most hospitals would be destroyed, most medical personnel dead or injured, most supplies unavailable. Many survivors would die from burns and the late effects of radiation. Surviving medical personnel capable of working, would be able to do little more than distribute narcotics and separate the dead and near-dead from the living.

3. The effectiveness of civil defense is questionable. In target areas the blast, thermal, and radiation effects would kill even those who had been evacuated.

4. Recovery from even a 'limited' nuclear exchange would be difficult. In the event of a full-scale nuclear war, the economic, ecologic and social fabric on which human life depends would be destroyed in the U.S. and U.S.S.R., and would be impaired in much of the rest of the world. In sum, there can be no winners in a nuclear war."

Information in this statement is based on data appearing in *The*

Effects of Nuclear War, a monograph published by the Office of Technology Assessment, Washington, D.C., in 1979.

In a letter to his colleagues, urging them to support the appeal, Dean Robert W. Berliner wrote,

"Although nuclear war has been a possibility for three decades, recent world events have made that possibility even more likely. We who concern ourselves with human health have a unique stature and responsibility in our society. As physicians and health professionals, therefore, we have an important opportunity to emphasize to our fellow citizens the magnitude and immediacy of this very grave public health danger."

Sponsors of the ad urged readers to share their message with as many people as possible and to participate in the democratic process by notifying government and political leaders of their concerns.

Faculty Notes

During its Honors Day Convocation on April 21, Kenyon College awarded an honorary degree to **Dr. James Niederman**, clinical professor of epidemiology and medicine. Dr. Niederman, who is an alumnus as well as a trustee of the college, also delivered the Honors Day speech.

Dr. Myrna Weissman was a visiting professor at Rush Medical School in Chicago, where she gave three lectures on treatment and epidemiology of depression and on the assessment of social functioning. Dr. Weissman, associate professor of psychiatry, also spoke on the subject of depression at the Cornell Medical College and was a visiting lecturer at Albert Einstein School of Medicine.

In March, **Dr. Stephen Fleck** traveled to New Zealand, where he consulted with officials of organizations concerned with child care and family health in Auckland, Te Awamutu and Dunedin. He also participated in a three-day conference on the integration of psychiatry and health care at the University of Otago. On his return flight he stopped in Hawaii, where he conducted a seminar on family pathology at the Diamond Head Mental Health Center in Honolulu. Dr. Fleck is professor of psychiatry and public health.

The American Heart Association, South Central Connecticut Chapter, has named **Dr. Donald S. Dock**, clinical professor of medicine, "Man of the Year" for his contributions to the American Heart Association, to the field of cardiology, and as a medical leader in the New Haven Community. A member of the local Chapter Board of Directors since 1961, Dr. Dock served as its president from 1968 to 1970 and has been chairman of several committees.

During the past few months **Dr. Alvan R. Feinstein** has received the Ludwig Heilmeyer Gold Medal, and delivered the T. Duckett Jones Memorial Lecture at the American Heart Association, and the Maurice Pincoffs Memorial Lecture at the University of Maryland. The Ludwig Heilmeyer Gold Medal is awarded annually for the advancement of science in internal medicine by the Society for Progress in Internal Medicine. The Society, which is analogous to the Association of American Physicians, is a German-speaking group of academic professors of medicine from West Germany, Austria, and Switzerland. The award to Dr. Feinstein, who is professor of medicine and epidemiology and program director of the Robert Wood Johnson Clinical Scholar Program, was made at the Society's meeting in Düsseldorf, West Germany on November 28, 1980.

Three scientists from Yale received the 1981 Volvo Award for outstanding research concerned with low back pain. They are **Dr. Manohar Panjabi**, associate professor of biomechanics in surgery (orthopedic); **Dr. Vijay Goel**, research associate in surgery (orthopedic); and **Dr. Koichiro Takata**, visiting research scientist. The prize was awarded in May at the annual meeting of the International Society for the Study of Lumbar Spine held in Paris, France.

The Massachusetts Historical Society and the Boston Public Library sponsored a lecture on "The Adams Family" by **Dr. David F. Musto**, with commentary by Thomas Boylston Adams, former president of the Massachusetts Historical Society. Dr. Musto is senior research scientist and lecturer in history and American Studies at Yale University. The lecture was presented at the Boston Public Library on April 15.

New Books by Faculty

"Is Surgery Necessary?" by Siegfried J. Kra, M.D., *associate professor of medicine*, and Robert S. Boltax, M.D., *assistant clinical professor of surgery*. MacMillan Publishing Co., Inc. (New York) 1981. 215 pp

"The Patient: Biological, Psychological and Social Dimensions of Medical Practice." By Hoyle Leigh, M.D., *associate professor of psychiatry*, and Morton F. Reiser, *professor and chairman of the Department of Psychiatry*. Plenum Medical Book Company (New York) 1980.

"Radiation: All You Need to Stop Worrying or to Start." By Martin D. Ecker, M.D., *assistant professor of diagnostic radiology*, and Norton J. Bramesco. Vintage/Random House (New York) 1981.

"National Health Insurance: Conflicting Goals and Policy Choices." Theodore R. Marmor, *professor of public health*, Judith Feder, and John Holahan, editors. The Urban Institute (Washington, D.C.) 1981.

Special Lectures

The following endowed lectures were given at the School of Medicine during the spring of 1981:

Paul B. Beeson Lecture

Dr. Thomas F. Ferris, *Department of Medicine, University of Minnesota*. "Studies of Prostaglandin Synthesis," April 1.

Philip K. Bondy Lecture

Dr. Rudi Schmid, *University of California in San Francisco*. "Bilirubin Formation and Metabolism," May 20.

Peter F. Curran Lecture in Physiology

Dr. Daniel C. Tosteson, *Harvard Medical School*. "The Sting: Melittin Makes Voltage-Dependent Channels in Bilayers," May 14.

Rhetaugh Dumas Visiting Professor Lecture Series

Dr. Chester M. Pierce, *Harvard University*. "Cross Racial Therapy," April 29.

Caldwell B. Esselstyn Lecture

Dr. Edmund D. Pellegrino, *The Catholic University*. "Health and the Spirit of Man," April 21.

Harold Fink Memorial Lecture

Dr. David G. Nathan, *Harvard Medical School and Sidney Farber Cancer Institute*. "The Pathophysiology and Management of Bone Marrow Failure," April 21.

William B. McAllister, Jr. Memorial Lecture

Dr. Juan Rosai, *University of Minnesota*. "The Contribution of Immunoperoxidase Techniques to Surgical Pathology," March 23.

Silliman Lecture Series

Dr. D. Carlton Gajdusek, *National Institutes of Health*. "Isolation and the Condition of Man. Natural Experiments in Human Diversity," April 20-23.

The Varied Activities of The Medical Student Council

From an interview with Richard Ruiz, President of the Council

In a graduate program as rigorous and tightly scheduled as medicine, it is hard to imagine students having time for little else than studying, eating, sleeping and more studying. Still, through the years the Medical Student Council has been an important part of student life here.

The Council serves as a forum for student concerns about the academic aspects of the School, as well as an outlet for extra curricular and social activities. Although only members are eligible to vote on issues, the twice-monthly meetings are open to all students, and anyone may present items for discussion or action. Membership is decided by elections held in each of the four years for class officers, Medical School Council representatives and representatives to the Library Committee. Those elected serve as class delegates to the Student Council.

The Executive Committee of the Council is chosen from these delegates — also by election. Traditionally, most of the Executive Committee offices have been held by third or fourth year students; this year for the first time, the majority of officers are first or second year students. "I don't know why this is," Rick Ruiz, the president and a first year student admitted. "It has posed some problems, but they are being resolved."

The Council's activities are interesting and varied. For example, this year, when a number of students

expressed concerns about taking Part I of the National Board Medical Examination, the Council invited Dr. Howard Levitin, Dean of Student Affairs, to a meeting on the subject.

"Concerns ranged from what we as students could do to increase our chances for success on Part I, to what the pass rate for Yale students has been in the past few years," Rick Ruiz reported. "There were also feelings among some students that, because the faculty and administration had ruled that it was not only necessary to pass Part I, but to pass each section in Part I in order to proceed onto clinical clerkships, the faculty and administration had the responsibility to help prepare students in a much more exam-oriented way than has been traditional here at Yale."

The session seemed to have been successful in answering these concerns. Dr. Levitin advised the students that although Yale is the only school without a mandatory examination system for the first two years, it ranks third in the nation in National Board scores. He assured the students that there were adequate review materials available, and that the faculty was always willing to assist them in preparation for the examination.

Again, this year, a group of students has organized informal, informational lecture series on topics of interest not covered in the medical curriculum. These include nutrition, alternatives in healing and family practice. The Student Council was supportive of the idea, and contrib-

uted modest funds for speakers' fees.

The high cost of medical textbooks is an on-going problem. As a solution, last year the Student Council sponsored a book exchange for used textbooks. A charge of ten-percent of the selling price covered operating expenses. The project met with moderate success, and consideration is being given to the possibility of selling new, as well as used books in the "store" in the basement of Sterling Hall of Medicine.

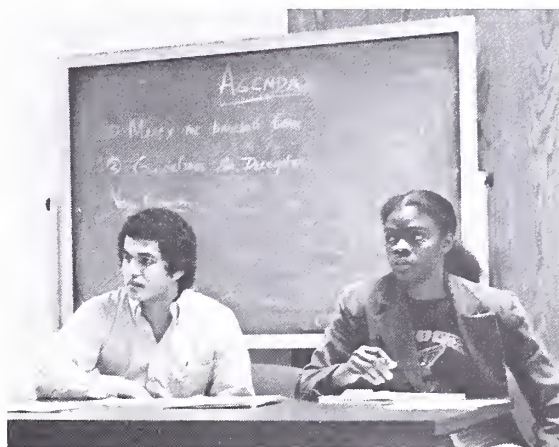
On the lighter side, the Council hosts the highly successful Happy Hours, held in Harkness Dormitory on Friday afternoons. It is at these parties that students, faculty and the staff can relax and get to know one another.

The Council participated in the New England Medical Schools Softball Tournament for 1981, held late in May at Brown University. The day-long marathon of ball playing, beer drinking and good fun among medical students of Harvard, Tufts, Brown, Dartmouth and Yale has become an annual event. There actually is a trophy for the winning team, and two seasons ago, Yale won it.

As with any group effort, the Student Council has had its ups and downs through the years. This year, participation of third and fourth year students dropped considerably during the spring term, but according to Rick Ruiz, there seems to be renewed interest among students to make the Council a hub for their activities once again. "There are many aspects of medical student life in which the Council, in one way or another, is involved. I would urge all students to use it, and to participate in it."



Student Council meetings often are held in the new student lounge in the basement of Sterling Hall of Medicine.



Bill Cimino

Richard Ruiz, Council president and Tina Tillis, secretary.



President A. Bartlett Giamatti congratulates Dr. Russell Scobie, right, who received the Yale Medal during ceremonies at the annual meeting of the AYA.

Yale Medal Presented to **RUSSELL B. SCOBIE, M.D., 1929**

At the annual reception of the Association of Yale Alumni held at the University on May 9, Dr. Russell B. Scobie, '29, was presented the Yale Medal. The citation to Dr. Scobie read:

Russell Scobie has served Yale continuously and in many capacities since his graduation from the School of Medicine in 1929.

During his term as President of the Association of Yale Alumni in Medicine, from 1953 through 1955, that organization extended its program of activities to keep alumni of the School of Medicine informed and involved. For the next eight years he devoted his imagination and energy to the Medical School Alumni Fund, at first in the newly created post of Vice-Chairman, during which time he conceived and implemented a regional organization to supplement the annual appeal of Class Agents. From 1959 through 1963 he served with distinction as Chairman. Under his leadership the Fund set new records for giving and participation. Throughout this period he served as Class Secretary of his Medical School Class.

His activities have not been limited to the School of Medicine, however. He was a founding member and first President of the Yale Club of the Mid-Hudson Valley and an effective volunteer for the recently concluded Campaign for Yale.

For his years of devoted and effective service to Yale, the Association of Yale Alumni is proud to award Russell B. Scobie its highest honor, the Yale Medal.

New Alumni Fund Chairman

Lowell Goodman ('51) has been appointed Chairman of the Yale Medical School Alumni Fund effective July 1981. He succeeds **Harvey Young ('52)**, who has served as chairman since 1975. Dr. Goodman is from Ann Arbor, Michigan.

Continuing as Vice-Chairmen of the Medical School Alumni Fund are **Malvin White ('39)**, **William McClelland ('47)**, and **John Cieply ('71)**. **J. Roswell Gallagher ('30)** and **Samuel Kushlan ('35)** are Co-Chairmen of the Fund's Bequest and Endowment Program.

Class Notes

1931

Benjamin Castleman was honored twice at the annual meeting of the U.S.-Canadian Division of the International Academy of Pathology.

He was presented with the F. K. Mostofi Award in recognition of "outstanding and loyal service" to the Academy. He also witnessed presentation of the first Benjamin Castleman Award, newly established by former students, colleagues and the trustees of Massachusetts General Hospital to honor his contributions to patient care and medical education. The Castleman Award will give \$1,000 each year to the pathologist under 40 years of age who has published the best scientific paper in human pathology.

As an investigator, Dr. Castleman is best known for studies of diseases of the thymus and parathyroid glands, mediastinal tumors, renal biopsy specimens in hypertension, pulmonary embolism and infarction. His ability as a teacher is also widely recognized. Two-thirds of the 125 residents he trained now hold appointments in academic institutions.

1934

Herbert Miller, former chairman of the Department of Pediatrics and since 1978 professor emeritus of pediatrics of the University of Kansas Medical Center, was the recipient of the Academy of Pediatrics Abraham Jacobi Memorial

Award in April. The award was made at the spring session of the American Academy of Pediatrics where Dr. Miller presented the annual Jacobi Award Address.

The Jacobi Award is presented to the pediatrician whose career is dedicated to the highest levels of patient care, teaching and clinical research. Dr. Miller, author of two books and numerous other publications, many of them focusing on infant respiratory pathology, was named to receive the Jacobi Award in recognition of his outstanding research in the field of neonatal medicine and for his distinction in teaching clinical pediatrics.

He is currently a resident of Northford, Connecticut.

1946

Donald Shedd, together with Bernd Weinberg of Purdue University, has edited "Surgical and Prosthetic Approaches to Speech Rehabilitation," a book based on the 1978 proceedings of a multi-disciplinary workshop held at Roswell Park Memorial Institute where Dr. Shedd is chief of the Department of Head and Neck Surgery. The book presents the current research by specialists from Europe and North America into alternatives to esophageal speech or the use of electronic speech devices.

In a recent letter, Dr. Shedd noted that "it was an interesting experience putting this material together. It was a challenge to work with contributors from Italy, Spain, France, Poland, England and Canada." The special fields of interest included in this text, which is the first devoted entirely to the subject of surgical and prosthetic speech restoration after laryngectomy, include: speech acoustics and physiology, voice disorders, speech and voice following total laryngectomy.

1948

Beatrix Hamburg has been appointed associate professor of psychiatry at Harvard Medical School and the Children's Hospital Medical Center in Boston.

B. Herold Griffith, professor of surgery and chief of the Division of Plastic and Reconstructive Surgery at Northwestern University, Chicago, has been elected chairman of the American Board of Plastic Surgery for 1981-2.

1955

Sherwin Nuland was elected chairman of the Associates of the Yale Medical Library at the annual meeting in May. He succeeds **Kristaps Keggi** ('59) who has served as chairman of the Associates since 1977.

1956

Robert Scheig is now head of the Department of Medicine at the Buffalo General Hospital and professor of medicine at the State University of New York School of Medicine at Buffalo. He left the faculty of the University of Connecticut School of Medicine in February to accept this new position.

1960

Roland Ingram, Jr. has been named the Parker B. Francis Professor of Medicine at Harvard Medical School.

1961

Robert Levy, who has been with the National Heart, Lung, and Blood Institute for 18 years and since 1975 served as director of the Institute, has resigned his position effective September 23 to become vice president for health sciences and dean of Tufts University School of Medicine.

1973

William McBride is now an assistant professor of medicine in the Gastroenterology Section at State University of New York, Downstate, in Brooklyn. Dr. McBride lectured at Yale in April as a participant in a continuing medical education course on flexible fiberoptic sigmoidoscopy.

1977

Attilio Granata has joined the staff of the Veterans Administration Medical Center in West Haven (Ct.) and has been appointed a clinical instructor in medicine on the Yale faculty. He completed his residency in internal medicine at the Stanford University Medical Center in June 1980 and in his new position will be working in the Admission/Evaluation area at the Medical Center.

In Memoriam

'16 M.D.	Moses B. Radding, November 19, 1980
'20 Hs	Cecil Corley, (date unknown)
'22 M.D.	Henry B. Rollins, February 27, 1981
'25 M.D.	Thomas R. Preston, March 1, 1981
ex '26 M.D.	Edgar A. Lyons, December 19, 1980
'27 M.D.	Joseph F. Videtti, December 13, 1980
ex '28 M.D.	Claude B. Mackes, December 11, 1980
'28 M.P.H.	Mrs. Harold E. Kimball, August 14, 1980
'34 M.D.	George Zalkan, March 6, 1981
ex '41 M.D.	Cavett O. Prickett, D.V.M., July 20, 1980
'42 Hs	L. Allan Erskine, May 1980 (date unknown)
'48 M.D.	Robert C. Lawson, February 12, 1981
'55 M.D.	Edward D. Coppola, January 9, 1981
'61 M.P.H.	Parnie S. Snoko, M.D., March 3, 1981
77 M.P.H.	Martha Lifshutz, 1980 (date unknown)

Class of 1981

First-Year Postgraduate Appointments

California

Harbor-UCLA Medical Center, Torrance
Christine Duranceau — *Flexible*

Kaiser Foundation Hospital, Los Angeles
Chee Chow — *Internal Medicine*

Kaiser Foundation Hospital, Oakland
Lesley Levine — *Obstetrics & Gynecology*

Kaiser Foundation Hospital, San Francisco
Alicia Barela — *Obstetrics & Gynecology*
Vicky Prager — *Pediatrics*

Stanford University Affiliated Hospitals
Nelson Chao — *Internal Medicine*

University of California, Berkeley
James Elder — *Postdoctoral Fellow in Laboratory of Chemical Biodynamics*

University of California Hospitals and Clinics, San Francisco
Steven Fugaro — *Internal Medicine*

UCLA Hospitals and Clinics, Center for the Health Sciences
Nancy Vinton — *Pediatrics*

UCLA Neuropsychiatric Institute
Stephen Harrison — *Psychiatry*

University of California (San Diego) Affiliated Hospitals
Jorge Daaboul — *Pediatrics*

Valley Medical Center of Fresno
Lindsay White — *Internal Medicine*

Veterans Administration Medical Center (Martinez)
Francis Chui — *Internal Medicine*

Veterans Administration Wadsworth Medical Center, Los Angeles
Dean Noritake — *Internal Medicine*

Connecticut

Hospital of St. Raphael, New Haven
Mark Kasper — *Internal Medicine*

Norwalk Hospital
Sol Hamburg — *Internal Medicine*

University of Connecticut Affiliated Hospitals, Farmington
Robert Ascutto — *Pediatrics*
Cynthia Aten — *Pediatrics*
Nancy Ross-Ascutto — *Psychiatry*

Waterbury Hospital
Jason Horowitz — *Internal Medicine*
Patrice Rehm — *Flexible*

Yale-New Haven Medical Center
Jane Asch — *Psychiatry*
Lisa Babitz — *Internal Medicine*
Sherri Brown — *Internal Medicine*
Robert Ferm — *Pediatrics*
Jonathan Fine — *Internal Medicine*
Erik Fisher — *Pediatrics*
Robert Galli — *Internal Medicine*
Stewart Greisman — *Internal Medicine*
Alan Heimann — *Pathology*
Thomas Kleeman — *Surgery*
Thomas Klevan — *Internal Medicine*
Richard Kravitz — *Psychiatry*
Thomas Kupper — *Surgery*
Elliot Lach — *Surgery*
David Lu — *Internal Medicine*
Yvedt Matory — *Surgery*
Robert Milstein — *Psychiatry*
Barbara Ross — *Pediatrics*

Dovelet Shashou — *Pediatrics*
Bernard Shen — *Diagnostic Radiology*
David Weinberg — *Psychiatry*
David Weiss — *Surgery*

Yale University Graduate School
Louis Essandoh

District of Columbia

Walter Reed Army Medical Center, Washington
Charles Souliere — *Otolaryngology*

Georgia

Grady Memorial Hospital, Atlanta
Susan Schachner — *Internal Medicine*

Hawaii

University of Hawaii Affiliated Hospitals, Honolulu
Scott Hundahl — *Surgery*
Stephen Wilson — *Surgery*

Illinois

McGaw Medical Center-Northwestern University, Chicago
Steven Brown — *Internal Medicine*

University of Chicago Hospitals and Clinics
Jonah Odum

Massachusetts

Beth Israel Hospital, Boston
Ines Carrasquillo — *Surgery*

Boston City Hospital
Adaora Adimora — *Internal Medicine*
Susan Burdette — *Internal Medicine*
Philip Reilly — *Internal Medicine*

Brigham & Women's Hospital, Boston
Christopher Attinger — *Surgery*
Robert Bailey — *Surgery*
Joan Bengtson — *Obstetrics & Gynecology*
Judy Garber — *Internal Medicine*
David Lebowitz — *Internal Medicine*

Cambridge Hospital
Steven Konstadt — *Flexible*

Massachusetts Mental Health Center, Boston
Louann Brizendine — *Psychiatry*

McLean Hospital, Belmont
Martin Teicher — *Psychiatry*

Newton-Wellesley Hospital, Newton Lower Falls
David Gendelman — *Internal Medicine*

University Hospital, Boston
Alan Wagshal — *Internal Medicine*

Michigan

Henry Ford Hospital, Detroit
Neil Gross — *Orthopedic Surgery*

University of Michigan Affiliated Hospitals, Ann Arbor
Richard Mogerman — *Orthopedic Surgery*
Victor Vaisort — *Orthopedic Surgery*

Minnesota

Hennepin County General Hospital, Minneapolis
Aizik Wolf — *Surgery*

University of Minnesota Hospital and Clinics, Minneapolis
Barbara Roach — *Internal Medicine*

Missouri

Barnes Hospital Group, St. Louis
Brian Kobilka — *Internal Medicine*
Michael Lerner — *Internal Medicine*

St. Louis University Group of Hospitals
Helen Fliegel — *Neurosurgery*

New York

Cabrini Medical Center, New York City
Mika Lidov — *Internal Medicine*

Long Island Jewish-Hillside Medical Center, New Hyde Park
Laurie Gordon — *Pediatrics*

Montefiore Hospital Center, New York City
Robert Goldman — *Internal Medicine*

Mount Sinai Hospital, New York City
Bernard Lewin — *Surgery*
Donald Moore — *Surgery*

New York University Medical Center, New York City
Jeffrey Chodadewitz — *Internal Medicine*, *Bellevue Hospital Center*
David Goldfarb — *Internal Medicine*, *Veterans Administration Medical Center (Manhattan)*
Richard Rodman — *Surgery*, *New York University Medical Center*

St. Vincent's Hospital and Medical Center of New York City
Marc Coltrera — *Surgery*

State University of New York Affiliated Hospitals at Buffalo
Joel Okoli — *Surgery*

State University of New York Upstate Medical Center, Syracuse
Anthony Urbano — *Internal Medicine*

The New York Hospital — New York City
R. Joffree Barnett — *Psychiatry*
Jon Blumenfeld — *Internal Medicine*
Frank Yeomans — *Psychiatry*

Ohio

Case Western Reserve University — University Hospitals of Cleveland
William Hunt — *Internal Medicine*
Mark Shoag — *Internal Medicine*

Oregon

University of Oregon Medical Center, Portland
David Paly — *Flexible*

Pennsylvania

Children's Hospital, Philadelphia
Jeffrey Gruskay — *Pediatrics*
Susan Manoff — *Pediatrics*
Sheryl Ryan — *Pediatrics*

Graduate Hospital, Philadelphia
Ramona Fung — *Surgery*

Hospitals of the University Health Center of Pittsburgh
Douglas Lee — *Internal Medicine*

Hospital of the University of Pennsylvania, Philadelphia
Mark Koruda — *Surgery*
John McClaskey — *Internal Medicine*
Michael Nerenberg — *Internal Medicine*
Robert Portney — *Psychiatry*
John Wong — *Orthopedic Surgery*

Milton S. Hershey Medical Center of the Pennsylvania State University, Hershey
Annette Guido — *Surgery*

**St. Christopher's Hospital for Children,
Philadelphia**

Philip Goldstein — *Pediatrics*

Temple University Hospital, Philadelphia

Barton Milestone — *Internal Medicine*

Western Pennsylvania Hospital, Pittsburgh

Mary McKinstry — *Internal Medicine*

Rhode Island

Rhode Island Hospital, Providence

Charles Shana — *Surgery*

Texas

Brooke Army Medical Center, San Antonio

Aziz Lawoyin — *Internal Medicine*

University of Texas Southwestern Medical

School Affiliated Hospitals, Dallas

B. Douglas Lewis — *Internal Medicine*

Virginia

University of Virginia Medical Center,

Charlottesville

Patricia Burke — *Internal Medicine*

Philip Lowry — *Internal Medicine*

Washington

University of Washington Affiliated Hospitals,

Seattle

Colleen Bursten — *Internal Medicine*

Yale Medicine
333 Cedar Street
New Haven, Connecticut 06510

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Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to the Editor, 333 Cedar Street, New Haven, Connecticut 06510

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Das Buch der Natur (Augsburg, 1499)

MEDICINE, ETHICS AND THE PRESS

By Joseph B. Warshaw, M.D.



Dr. Warshaw is professor of pediatrics and obstetrics and gynecology and director of the Yale Newborn Special Care Unit

The press has a rightful responsibility to elevate controversial issues into the public consciousness. However, reporting on an issue about which the public has every right to be informed does not give the press license to distort, present errors of fact and convey a totally erroneous impression about patient care. Important issues should not be sensationalized so that the public is misinformed rather than informed.

A recent series of articles in the *Hartford Courant* (June 14-18, 1981) about care received by newborns at the Yale-New Haven Medical Center is just such an example of distorted journalism. The title of this article, "Defective Newborns are Dying by Design," immediately conveys an impression that evil and sinister things are going on in Newborn Special Care Units. The article contained bold statements that doctors "have helped parents give their defective infants lethal drug overdoses" or that doctors "would sign the death certificate no questions asked" or that infants are allowed to starve to death. These allegations are absurd and they are categorically denied.

Another distortion is that our field deals with failure rather than with success. During the past twenty years neonatology has made astounding progress not only in medical technology but also in developing a climate of cooperation between pediatricians and obstetricians that had led to greatly improved infant survival. Twenty years ago mortality of infants weighing between 1000 and 1500 grams was over 50 percent. At our own institution, mortality in this weight group is now less than 14 percent. Twenty years ago infants weighing less than 1000 grams survived only rarely. Now over 50 percent of these infants survive and can look forward to a full productive life.

The successes of the past twenty years and the refinements of technology and support systems that are now available for newborns have brought a new set of problems. These relate to how this extensive technology and the extraordinary means of support that are now available should be utilized when the outlook for a particular infant is hopeless. This is an area of legitimate concern and it is an area where there is an increased need for public awareness. Even when physicians deal openly and honestly with families about these issues within the legal and ethical framework of our society, there is the potential that what is good medical care, sensitively administered to patients and families can be distorted.

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It is a distortion to imply that physicians are allowing a patient to starve to death when an unfortunate infant has too little bowel to permit normal nutrition and cannot be supported by parenteral means forever. It is distortion to imply that “hopelessly ill infants are given lethal overdoses” when they are given ordinary and standard levels of sedation to keep them comfortable. It is a distortion to imply that we are carrying out active euthanasia when we remove hopelessly ill newborns without any capacity for survival from a ventilator so that their mothers can hold them for the first time before they die. We are offended by these allegations: they offend not only us, but they offend

the entire medical profession. They erroneously interpret the most sensitive physician/patient relationships and imply sinister activities.

—There is nothing within our legal, religious or ethical system which demands that we expend every technological effort in a hopeless situation. We have felt and continue to feel that technology should not be exploited for hopeless situations in such a way that life loses its dignity . . .

There is nothing within our legal, religious or ethical system which demands that we expend every technological effort in a hopeless situation. We have felt and continue to feel that technology should not be exploited for hopeless situations in such a way that life loses its dignity.

The practice of medicine is often not easy. Physicians and families are faced with difficult decisions. Several years ago, a family of an infant born with intestinal obstructions, major facial anomalies, absent genitalia and total extrophy of the bladder asked if we weren’t “playing God” by even thinking about surgical repair of such an infant. The point is well taken. These issues are not easily conveyed and demand a thoughtful and sensitive presentation when they are discussed.

Having a sick newborn is a devastating experience for a family. The last thing that families faced with this kind of stress need is additional anxiety and distrust seeded by the kind of journalism as was in the *Hartford Courant*.

MEDICINE AND LAW

By Angela R. Holder



Angela R. Holder is Counsel for Medicolegal Affairs and Associate Clinical Professor of Pediatrics (Law)

In the past ten years, a new legal speciality has developed. As the practice of medicine, particularly in medical schools and their teaching hospitals, becomes more involved with issues such as governmental regulation of medical research and malpractice and the legal consequences of advances in the technology of medicine, medical schools and large teaching hospitals have discovered a need for full time in-house counsel.

Yale's solutions to these problems have been diverse and extensive. The position that I hold jointly at Yale-New Haven Hospital and the Yale University School of Medicine is in many ways unique. While many teaching hospitals have had in-house counsel for years, most of them are primarily involved with the business aspects of hospital administration — the legal work involved with certificates of need for a new building, labor relations, and workmen's compensation. My title, by contrast, is "Counsel for Medicolegal Affairs." I am concerned only with those legal problems affecting patient care. I serve as legal advisor to the medical faculty, house officers (interns and residents), medical students and, as time permits, nurses, medical records personnel and all the other health care professionals who are confronted with legal questions relating to the care of patients.

I came to the Yale Law School as a graduate fellow in September 1974, from private practice, where I had done a good deal of work, including writing, in the field of malpractice law. In May 1975, I began two years of work with Dr. Jay Katz of the Law School faculty, writing a book on legal issues in pediatrics and serving as executive director of the Law School's Program in Law, Science and Medicine. During those two years I taught a seminar on malpractice law to third- and fourth-year medical students, served on the Medical School's Institutional Review Board reviewing research protocols, and became increasingly involved in activities there.

I subsequently accepted a permanent position at the Medical Center in 1977. It was to be a very open-ended arrangement in which I would come and see what I could do to be of help to those physicians caught up in the increasingly complicated interaction with law and medicine. The workload grew, and a year ago the office expanded to include attorney Virginia Roddy, who has J.D. and LL.M. degrees in law and psychiatry from the

University of Virginia. Over the years my job has evolved into three separate categories.

As a faculty member of the Yale School of Medicine, I teach a course each semester for third- and fourth-year medical students and a few law students. In the fall term I teach Legal Issues in Pediatrics and Adolescent Medicine. In the spring I teach a course called Medical Malpractice Law, which covers the basic issues involving malpractice while spending considerable time in such areas as informed consent, governmental regulation of research (since a very high percent of Yale medical students will end up in academic medicine and become researchers themselves), and the legal questions raised by medical advances such as terminating life-support systems for dying patients and the duty to treat severely handicapped newborns. I also spend at least two to three hours a week, usually more, teaching house officers in the different departments about the legal issues involved in their specialties. For example, I discuss with obstetrics residents the legal ramifications of such things as abortion of minors and sterilization of retarded persons, and I teach the psychiatry residents rotating through the Emergency Room about the law of civil commitment.

—Teaching law to a medical school is quite different from teaching the same issues in a law school. The object is not theoretical concepts which the student will then apply to solve a client's legal problem. What I teach to medical students and residents is very practical, concrete information which they need to know to solve their own problems and later their own behavior towards patients . . .

Teaching law to a medical school is quite different from teaching the same issues in a law school. The object is not theoretical concepts which the student will then apply to solve a client's legal problem. What I teach to medical students and residents is very practical, concrete information which they need to know to solve their own problems and later their own behavior toward patients — answering such questions as “What do I do when a 13-year old comes in and wants birth control pills and doesn't want her mother to know?” A class with both medical and law students in it gives each group a perspective on the other's frames of reference that I hope will remain with them. One unfortunate byproduct of the “malpractice crisis” has been a generalized hostility toward lawyers as a class by physicians who have never sat down and talked to lawyers about the practice of law and whose stereotypical view of a lawyer is someone combining the worst of Charles Dickens and King Kong. Even beginning medical students can be predisposed to this sort of hostility and the interactions in class do a great deal to establish understanding and rapport. The law students, who tend not to be hostile to physicians — or they would not elect to take a

course in the Medical School — also learn to appreciate the physicians' perspective. Professions involving a responsibility for the lives of others are more alike than they are different, regardless of the specific type of control-capacity, and my students from both schools usually come to realize that fact.

My second function is perhaps the most important. I am available as lawyer and teacher to deal with the legal questions involving patients which have nothing to do with malpractice. Recent examples include: Who signs the autopsy permit when a patient dies leaving no known relatives? Does a physician who has treated a patient referred from hundreds of miles away have to comply with a subpoena and travel to the patient's home state to testify in the patient's malpractice suit against the original physician? If a researcher wishes to use a specimen from an organ removed by another physician during surgery, does the researcher have to obtain the patient's consent? If an FDA inspector comes to review research records of an investigational drug, does he/she also have the right to inspect the hospital charts of the patients who have received the drug? When is it appropriate for a physician treating a child who has cancer to get a court order for treatment if the parents want to take the child out of the hospital and to a laetrile clinic? These questions arise several times a day (or night!) every day in any tertiary care medical center.

If I succeed not only in answering the question for the immediate purpose of solving the problem, but explain to the doctor a bit about the reasons “the law is that way,” awareness of patient's rights and physicians' responsibilities is increased on a more general level. In this way, our own patients will be better served, as well as those we will never see, who will be the patients of the physicians we are training. In my judgement, it is well worth the time and energy required.

Having a lawyer in the institution whose time is devoted to this area is, as far as we know, unprecedented. Most hospitals rely on outside counsel for such advice. But when it costs the institution a substantial amount of money to cover such calls, the general tendency is to discourage doctors from making them and to ignore the fact that these problems have legal aspects. When I am there all the time, highly visible, available for a quick question in the hall or at lunch, and relatively obliging about being awakened at 3:00 a.m., in real emergencies, the general level of legal consciousness is increased. Moreover, physicians begin to realize that lawyers are not necessarily grumpy, negative sorts of people, whose goal in life is to make doctoring as bureaucratic as possible and whose automatic response is “no.” They discover that it can actually be helpful to have a lawyer around.

I am, of course, immediately available when something happens that might eventually surface as a malpractice claim. In these claims, I talk to participants, making careful notes so that if a suit is filed two years later — by which time all the house officers taking care of the patient may be gone — we will have adequate information on

which to base legal decisions. We make sure that whatever can be done to ameliorate the situation is done at once. This may involve cancelling charges for that part of the hospitalization related to repair of the event, arranging for child-care if a mother's hospital stay is prolonged, or getting together whatever other social resources we have at our disposal.

Most importantly, we make sure the patient and the family are told the truth about what happened. "Cover-ups" can no more be tolerated in medicine than in politics. If a suit is filed, I work closely with outside trial counsel in preparing the defense. While many lawyers assume I am "the malpractice lawyer," this, in fact, occupies a very small percentage of my time. The incidence of serious mistakes in a first-rate medical center is not great.

—If I succeed not only in answering the question for the immediate purpose of solving the problem, but explain to the doctor a bit about the reasons "the law is that way," awareness of patient's rights and physicians' responsibility is increased on a more general level. In this way, our own patients will be better served, as well as those we will never see, who will be the patients of the physicians we are training. In my judgement, it is well worth the time and energy required . . .

There are, however, social forces that have tended to increase the amount of litigation against hospitals and physicians, particularly in tertiary care institutions such as Yale and Yale-New Haven Hospital. Thus, while the incidence of error is low, a very high percentage of those errors end in claims. Patients are very reluctant to sue their family doctors, however dreadful the outcome of care may be, because their on-going relationship, perhaps of long standing, dispense the patient to feel genuine affection — sometimes bordering on reverence — for the physician.

Now that the high technology of medicine is clustered in medical centers, people who would have died twenty years ago with the family doctor, are coming to a much more depersonalized institution for treatment that will save them. These patients are referred by their usual physicians, have never seen the sub-specialist who will treat them, know

nothing about him/her as a person, and often terminate the relationship when they go home for follow-up care by the local doctor. If anything goes wrong or if the patient becomes dissatisfied and considers a suit, the effect that such a suit will have on the sub-specialist's psyche is the last thing that would cross the patient's mind.

There is an increasing tendency to sue professionals. There have been educational malpractice suits brought by high school graduates who can't read. The American Bar Association notes that the number of malpractice suits against lawyers is increasing, architects are being sued, and a recent newspaper report indicates that a minister has been sued for "ministerial malpractice." (The report of this case would appear to indicate that the minister was counseling a very depressed young man who eventually killed himself. His parents are suing the minister for having failed to refer him to a psychiatrist. The establishment of the ministerial standard of care will be very interesting to watch.)

Finally, the American patient reads in the newspaper and sees on TV that American medical technology is the best in the world — which at its best, it is. No matter how sick the patient may be, he and his family expect, sometimes unrealistically, that when he comes to a place like Yale, he should leave completely cured. Unrealistic expectations, in large measure created by the propaganda of medicine itself, tend to create hostility when the best that medicine can do is not enough.

There is also a marked increase in the amount of nonmalpractice legal involvement of physicians and patients. More people than ever before seem to think that the judicial system can provide an answer to their problem, whatever that problem may be. One example is the Karen Quinlan case. Only a few years ago, it would probably not have occurred to the family of a comatose patient, or her physicians, or a hospital, to ask a court to decide whether to disconnect a respirator. Until recently, medical researchers went about their business abiding by a number of federal regulations concerning such things as record keeping and documentation that informed consent of the research subject had been obtained. The local institutional review board, composed of their peers and other members of the community, was the arbiter of the adequacy of their consent forms. As the regulatory process becomes more complex, more legal issues arise. There may be a substantial difference of legal opinion on the interpretation of the regulations under which these inspectors claim authority. What forms must be filled out and by whom in order for a mother of nine to have her tubes tied if she is a Medicaid patient?

Commercial malpractice insurers have often not been responsive to the needs of physicians or hospitals. More and more institutions are joining with others in some form of self-insurance. Because the insurance company exists to make a profit, there is a strong inclination to settle all claims as cheaply as possible where the legal fees paid to try it may exceed the settlement. Commercial policies today invariably have a clause stating that claims may be settled without the consent of the insured. Moreover, when litigation occurs, the insurance company hires the lawyer to defend these cases and there may well be instances of the institution's physicians feeling that their interests are totally irrelevant. There have been within the past year, two appellate decisions from other states allowing physicians to bring conflict of interest suits against attorneys hired by their malpractice carriers for settling cases without their knowledge. Courts are beginning to recognize that the carrier's counsel does have a duty to the malpractice policyholder, but the extent of that duty is far from clear. The decision to settle is usually made by the insurance adjuster who may not discuss it with the counsel at all.

—There are, however, social forces that have tended to increase the amount of litigation against hospitals and physicians, particularly tertiary care institutions such as Yale and Yale-New Haven Hospital. Thus, while the incidence of error is low, a very high percentage of those errors end in claims . . .

As a result of these policies of quick settlement, lawyers who have never bothered to obtain a copy of the hospital record, much less have it in their possession long enough to have it reviewed by a medical expert, file non-meritorious actions, assuming correctly that they will get paid at least a few thousand dollars to go away. This, of course, raises the institution's premiums, infuriates the physicians who took care of the patient-plaintiff, and is the primary reason why institutions are seeking alternative insurance plans. Within the next four or five years, the number of private medical schools and teaching hospitals who remain commercially insured is probably going to be very small indeed.

While the phenomenon of alternative insurance is too new to provide any empirical data, discussions with my counterparts in other institutions confirm that once the legal community becomes aware that non-meritorious claims will be vigorously defended, the number of claims drops remarkably. Moreover, when the physicians in an institution feel that they will be consulted and taken seriously when decisions are made about suits against them, when they have immediate access both to the in-house lawyer and the trial counsel, and when the decisions made are felt to be in the interests of the institution, not an insurance company, morale improves dramatically.

—Professions involving a responsibility for the lives of others are more alike than they are different, regardless of the specific type of control-capacity, and my students from both schools usually come to realize that fact . . .

As this trend continues, there will be an increasing number of lawyers working and teaching full time in medicolegal matters in university hospitals. The obvious result is increased awareness of patients' rights. The best way to prevent a malpractice suit is, of course, to take optimal medical care of the patient. Beyond that, however, part of that care is recognition of the patient's human needs: Mrs. Jones happens to be sick, but she is still Mrs. Jones; she is not a unit number attached to a diseased gallbladder. She has managed her own life concerning everything else, and she does not automatically become incapable of making decisions upon admission to a hospital. She should have the opportunity to determine which proposals for treatment are in her best interest. Recognition of this fact materially improves the patient's perspective about the medical care that he or she receives. Making sure that health care professionals understand this is a major benefit that in-house lawyers can provide.

LOOKING BACK AT TOMORROW

Excerpts from Commencement Address



Dr. Viseltear

The medical school Commencement Address was delivered by Arthur J. Viseltear, Ph.D., M.P.H., Associate Professor of the History of Medicine and Public Health. Entitled "Looking Back at Tomorrow," Dr. Viseltear examined aspects of the recent past to determine what is worth remembering, what might be preserved, and what needs to be reevaluated. He focused primarily on nineteenth century medical practice touching on issues of medical manpower and education, the rise of science and specialty practice, medical economics, and changes in the way American society organizes, delivers, and finances health services.

After reviewing the past, Dr. Viseltear found troubling, often absurd paradoxes in the present:

- "We declare ourselves to be a humane society yet continue to humble those in need.
- We revere life but appear not to be concerned with the quality of life.
- We have eradicated smallpox but vote at the World Health Organization in favor of commercial enterprise at the expense of the health of infants . . . "

The present, stated Dr. Viseltear, is very much related to elements which he found in the past. "Ours is an age which has not yet escaped its past," he said:

- "No one appears to be in charge.
- Our medical curriculum is again called into doubt.
- Confidence in medicine has eroded.

- Our health care system remains fragmented and desultory.
- New health care fads (the 'new magic') surround you just as the 'regulars' in the nineteenth century found themselves besieged by Homeopathy and other 'kindred delusions.'
- The new science which distinguishes you from modern empirics and sectarians has altered your agenda and modified your role and oddly has taken you further from those you serve in your offices and at the bedside.
- Many ridicule your profession as a self-indulgent chamber of commerce . . . "

Dr. Viseltear concluded his address, "Your future is somewhat 'precarious.' To paraphrase the American historian, Henry Steele Commager, it presents a series of questions which I ask you to consider with me:

"You have evolved for over 25,000 years and will soon be modern physicians; can you adapt to our rapidly changing environment and adopt new roles compatible with societal needs? Dedication and concern has marked your character; with the number of you increasing each year will you be able to maintain your enthusiasm and preserve your integrity? You have explored and taken to bits the fundamental particles of life itself; will you be equally inventive and resourceful in the realm of social institutions? You will be working with nurses, physician's associates, nurse practitioners, midwives, countless others; what will be the final product of this health professions amalgam? You are ambitious; will you let your ambition overwhelm your compassion? You are scientists; will you forget your art? You have been exposed to the wonders of modern technology; will you master its nuances and harness its excesses? You have abandoned the spiritual in medicine (and in your lives); what will you put in its place? A part of you has hibernated these many winters of medical school; will you now be able to resuscitate, befriend, and nurture your other self? You are concerned with government; will you help determine government's proper role in our complex society as the pendulum swings away from social programs towards sterile efficiency? The world has changed since you last looked; will you be ready to do your share to influence the future?

"Members of the Class of 1981: You have fulfilled the responsibilities that the Yale School of Medicine and your past have imposed upon you; are you willing to establish your own place in the flow of events which leads you to this moment, and beyond?

"All of us who are here today, who love and embrace you and now let you go, have a stake in how you answer these questions.

"We wish you well; good luck and Godspeed."

The speech was published in its entirety in the May-June issue of the *Yale Journal of Biology and Medicine*.

Congratulations to the Class of 1981

Medicine: Following the traditional Yale University commencement on the old campus, on Sunday, May 24, 112 graduating medical students were honored in a ceremony held in the courtyard of Edward S. Harkness Hall. Dr. Howard Levitin, dean of students, presided.

Dean Robert W. Berliner presented the students their diplomas. Of the 112 degree recipients, five received joint MD/PhD degrees: James T. Elder, Michael R. Lerner, Sharon Lee W. Marban, Robert M. Milstein, and Andreas H. Sarris. In addition, three students received joint MD/MPH degrees: Donald E. Moore, Joel A. Okoli, and Lindsay H. White.

The more than twenty prizes awarded this year were presented by Dr. James P. Comer, associate dean. The commencement address was given by Dr. Arthur J. Viseltear (see preceding page).

Epidemiology and Public Health: Due to construction around its building, the Department of Epidemiology and Public Health had to forego its traditional graduation ceremony under a blue and white striped tent. Instead, diplomas were awarded in the Yale Repertory Theater, followed by a reception in the Sterling Hall of Medicine.

Dr. Robert W. McCollum, chairman of the Department, welcomed the graduates and their guests, and wished them well at the conclusion of the ceremony. Dr. Eric Mood, associate clinical professor of public health, presented diplomas to the 102 candidates for MPH degrees, and Dr. David A. Pearson, associate dean, announced the E. Richard Weinerman Fellowship, which was awarded this year to Louis Massari, a second year student. The commencement address was delivered by Dr. George A. Silver, professor of public health.

In addition, six graduating students in the department of Epidemiology and Public Health received PhD degrees in ceremonies held in the Graduate School. They are: Edward A. Bortnichak, Janet L. Brandsma, Anne Marie Foltz, Harris Pastides, William D. Thompson, and Alan E. Williams.

Physicians Associate Program: On Sunday, August 31, 23 students were graduated from the Yale School of Medicine Physician Associate Program in ceremonies held in Harkness Auditorium. Senator Lowell P. Weicker of Connecticut was the commencement speaker.

The graduates and their guests were welcomed by Elaine E. Grant, PA-C, executive director of the Program. Evelyn Hamann, student president of the Jack W. Cole Society, presented awards to Ann Bliss, R.N., A.C.S.W., a member of the faculty who has been associated with the Yale Program since its inception; St. Mary's Hospital, which has been outstanding in its teaching of the PA students; and Dr. Edward L. Yourtee, an instructor in the Program.

Following the conferring of certificates by Dean Berliner, Dr. Howard Levitin, medical director of the Program, made closing remarks, wishing the students well.

Senator Weicker, who was selected as commencement speaker by the students because of his outstanding support of federal assistance for health care and medical educational programs, advised the audience of two recent surveys which reveal the American belief in, and commitment to the medical sciences in particular. A 1980 National Opinion Research Center survey found that a cross section of the American Public places its highest degree of confidence in physicians. Scientists in general rank second in the public trust.

A 1979 survey of federal research priorities conducted by the National Science Foundation showed that Americans consider health care research their first priority. Federal spending on national defense ranked fifth on their scale of priorities, after the development of energy sources, the improvement of education and the reduction of crime, he reported.

"In future budget battles, we in Congress and you in the health profession must stand firm for a continued federal commitment to medicine, medical research and scientific endeavors in general," he urged the graduates.

Dr. Thier Named Sterling Professor of Medicine



Dr. Thier

Dr. Samuel O. Thier has been named Sterling Professor of Medicine, and has been reappointed Chairman of the Department of Internal Medicine. Dr. Thier has been chairman of the Department since 1975, when he was appointed to the Yale medical faculty. In addition, he has been David Paige Smith Professor of Medicine, a chair he relinquished to become Sterling Professor.

In announcing Dr. Thier's reappointment, Yale President A. Bartlett Giamatti said, "Dr. Thier has served the Department, the School and the University superbly in this capacity since 1975, providing the leadership and guidance for a forward-looking Department which has made great strides."

Well-known as a medical educator and a research scientist in kidney diseases, Dr. Thier came to Yale from the University of Pennsylvania, where he had been professor and director of medical services at the University's hospital. From 1967 to 1968, he served as chief of the renal unit at Massachusetts General Hospital, and was on the faculty of the Harvard Medical School. He is a graduate of Cornell and the State University of New York College of Medicine at Syracuse.

Promotions to Professor

Members of the medical faculty promoted to the rank of professor effective July 1981 include the following: Walter R. Anyan, Jr., M.D., professor of pediatrics; Stephen Ariyan, M.D., professor of surgery (plastic and reconstructive); Alexander Baumgarten, M.B.B.S., professor of laboratory medicine; Harold R. Behrman, Ph.D., professor of obstetrics and gynecology and pharmacology; Morton I. Burrell, M.D., professor of diagnostic radiology; Frank Castiglione, M.D., clinical professor of dermatology; Anthony Cipriano, M.D., clinical professor of dermatology; Vincent A. De Luca, Jr., M.D., clinical professor of medicine; Thomas P. Duffy, M.D., professor of medicine; David S. Fischer, M.D., clinical professor of medicine; J. Bernard L. Gee, M.D., professor of medicine; Myron Genel, M.D., professor of pediatrics; Caleb Gonzalez, M.D., professor of ophthalmology; Robert G. La Camera, M.D., clinical professor of pediatrics; Hoyle Leigh, M.D., professor of psychiatry; Edward J. McGuire, M.D., professor of surgery (urology); Charles R. Michael, Ph.D., professor of physiology; David F. Musto, M.D., professor of psychiatry (Child Study Center) and history of medicine; Stephen L. G. Rothman, M.D., professor of diagnostic radiology; W. Dean Rupp, Jr., Ph.D., professor of therapeutic radiology and molecular biophysics and biochemistry; Gustave Sirot, M.D., clinical professor of dermatology; Myrna M. Weissman, Ph.D., professor of psychiatry.

Mr. Coleman Receives New Title

Michael J. Coleman has received the title of Associate Dean for Administration at the School of Medicine. The title was changed from Director of Management and Financial Affairs. In announcing the change in title for Mr. Coleman, Dean Robert W. Berliner said, "This is a well deserved and appropriate one for the service he renders the School in financial and management matters."

Faculty Notes

The University of Cadiz, Spain has awarded an honorary Doctor of Medicine degree to **Dr. William W.L. Glenn**, Charles W. Ohse Professor of Surgery. The ceremony, held in Cadiz on May 30th, was attended by a number of university and government dignitaries. The citation for the degree noted Dr. Glenn's many contributions to cardiovascular surgery, and declared him a "leading doctor of the world, especially beloved by his patients."

Dr. Marilyn G. Farquhar, professor of cell biology and pathology, has been elected president of the American Society for Cell Biology. The ASCB, founded in 1960, has a membership of over 4,000. Dr. Farquhar has been a member of the Council, and has served on the editorial board of the Society's *Journal of Cell Biology*.

The Foundations' Fund Prize for Research in Psychiatry was awarded by the American Psychiatric Association to four Yale investigators: **Dr. George K. Aghajanian**, professor of psychiatry and pharmacology; **Mark S. Gold**, lecturer in psychiatry; **Dr. Herbert D. Kleber**, professor of psychiatry, and **Dr. D. Eugene Redmond**, associate professor of psychiatry. The prize was given for "distinguished contribution to an understanding of the physiology of central neuroregulation and the development of a specific alpha-adrenergic agonist, Clonidine, in the treatment of opiate withdrawal." The work cited in the award consisted of 40 related papers published by the recipients, with a number of co-investigators from 1971 to 1981.

The Eastern Orthopaedic Association presented the Spinal Research Award of the Kiem Foundation to **Dr. John A. Ogden**, professor of surgery (orthopedic) and pediatrics, and head of the Section of Orthopedic Surgery. The award was made to Dr. Ogden for his study for the development of the cervical spine from birth through adolescence, and its relation to the patterns and extent of spinal and neck injury during this growth period.

Cornell University has appointed **Dr. Paul Greengard** an Andrew D. White Professor-at-Large. Dr. Greengard, who is professor of pharmacology and psychiatry, has achieved recognition for his research in the biochemistry and pharmacology of the nervous system. The visiting professorship, one of the most distinguished that Cornell offers, was established in 1965 to create ties between the University and scholars who have achieved international distinction in their fields.

Two members of the faculty were among distinguished medical scientists who participated in a special symposium marking the centennial of the University of Chicago College of Medicine on October 1 and 2. **Dr. Edward Cotlier**, professor of ophthalmology and visual science, reported on his research on the effects of aspirin in preventing cataracts; and **Dr. Sherman Weissman**, professor of human genetics, medicine and molecular biophysics and biochemistry, discussed the genetic factors governing histocompatibility antigens, a major cause for graft and transplant rejections.

At the annual meeting of the American Laryngological, Rhinological, and Otolaryngological Society. (The Triological Society) held in Vancouver in May, **Dr. John A. Kirchner** was elected president for the current year. Dr. Kirchner is professor of surgery (otolaryngology).

Dr. Wilbur Downs has been elected to membership in The John Hopkins Society of Scholars, an association established in 1967 to honor distinguished former postdoctoral fellows of the University. Dr. Downs is clinical professor of epidemiology.

Dr. Robert J. Levine, professor of medicine and lecturer in pharmacology, has been appointed vice-chairman of the Commission on the Federal Drug Approval Process, a commission appointed by the U.S. House of Representatives. In addition, Dr. Levine, who is editor of the Institutional Review Board's journal, *A Review of Human Subjects Research*, has been appointed to the boards of directors of the American Society for Clinical Pharmacology and Therapeutics, and of the Public Responsibility in Medicine and Research.

The Smithsonian Institution has invited **Dr. David F. Musto** to become a member of the Smithsonian Council. He is the first physician ever to serve on the Council of prominent scholars and scientists. Dr. Musto, who is professor of psychiatry (Child Study Center) and history of medicine, is a leading authority on drug abuse. The primary concern of the Smithsonian Council is the development of public interest and understanding in arts, history and sciences.

Dr. Joseph B. Warshaw, professor of pediatrics, and obstetrics and gynecology, has been elected president of the Society for Pediatric Research for 1981 to 1982. The Society is the major pediatric research organization in the United States, and has approximately 1,000 active and emeritus members.

Dr. Stuart K. Williams III, a post-doctoral fellow in pathology, has received the Microcirculatory Society Lampion Award for Young Investigators. The award is given each year to a young investigator for the best research project dealing with microvascular phenomena. The title of Dr. Williams' research was "Micro-pinocytosis in Isolated Microvessels: Carbohydrate-Selective Ingestion of Protein Labeled With Different Sugars." The paper was co-authored by James Devanny and Dr. Mark Bitensky.

ERRATUM

In the Spring/Summer issue, *Yale Medicine* mistakenly cited Dr. Peter Kelly as recipient of the Betsy Winters House Staff Award. The award was made to **Dr. John Kelly**, a postdoctoral fellow in infectious disease. We apologize.

New Books by Faculty

"The Chronically Ill Child — A Guide for Parents and Professionals." By Audrey T. McCollum, *research associate in social work, Department of Pediatrics*. Yale University Press (New Haven) 1981.

"Schizophrenia." By John S. Strauss, *professor of psychiatry*, and William T. Carpenter, Jr. Plenum Publishing Corporation (New York) 1981.

"Ethics and Regulation of Clinical Research." By Robert J. Levine, M.D., *professor of medicine and lecturer in pharmacology*. Urban and Schwarzenberg (Baltimore) 1981.

"New Directions in Ophthalmic Research." By Marvin L. Sears, M.D., *Chairman of the Department of Ophthalmology and Visual Science*. Yale University Press (New Haven) 1981.

"Pathophysiology: The Biological Principles of Disease." By Lloyd H. Smith, Jr., M.D., and Samuel O. Thier, M.D., *Sterling Professor of Medicine and Chairman, Department of Internal Medicine*. W.B. Saunders Co. (Philadelphia) 1981.

"Endocrinology and Metabolism." Edited by Philip Felig, M.D., *professor of medicine*; John D. Baxter, M.D.; Arthur E. Broadus, M.D., Ph.D., *associate professor of medicine*; and Lawrence A. Frohman, M.D. McGraw-Hill Book Co. (New York) 1981.

Roger Key Gilbert, M.B.B. Chir.

Dr. Roger K. Gilbert, assistant clinical professor of pathology, died on June 29, 1981 at the age of 51. He had served as Director of Laboratory Medicine at the Waterbury Hospital for 12 years and as a member of the part-time clinical faculty at Yale since 1966.

A native of England, Dr. Gilbert received his medical degree from Cambridge University. Following postgraduate training at Portsmouth, England, he served in the Royal Navy. He came to the United States in 1957. After working at the Cleveland Clinic, he joined the Waterbury Hospital staff in 1962 and in 1969 was appointed Director of Laboratory Medicine.

He was a member of the Board of Governors and a Fellow of the College of American Pathologists and was the recipient of the College's Frank W. Hartman Memorial Award for his outstanding and meritorious service. He was also a past President of the Connecticut Society of Pathologists.

Ralph Jacob Littwin, M.D.

Dr. Ralph J. Littwin of Madison, Connecticut died on March 30, 1981. He was 70 years of age and at the time of his death held an appointment as an associate clinical professor of diagnostic radiology.

Dr. Littwin, who was born in New York City, graduated from Dartmouth College and received his M. D. degree from Long Island College of Medicine in 1936. After an internship at the Brooklyn Jewish Hospital, he came to the New Haven Hospital for residency training in radiology. On completion of his residency in 1941, he located in Bristol, Connecticut and became the radiologist at the Bristol Hospital, a position which he held until 1966. During World War II he served as a medical officer with the 39th General Hospital, the Yale Unit, in the South Pacific.

In 1959 he was appointed an assistant clinical professor of radiology, and in 1966 on retiring from his position at the Bristol Hospital, he joined the staff at Yale-New Haven Hospital and devoted his major effort to the radiologic educational programs at Yale. In 1970 he was promoted to associate professor and was a member of the full-time faculty until 1973. During the latter half of 1972, he served as the Hospital's acting chief of diagnostic radiology.

Dr. Littwin was a highly respected clinical radiologist who contributed significantly to diagnostic radiology at Yale over a period of many years and particularly to strengthening the department's educational programs.

Medical History Award

Don Stromquist, a third-year medical student, was awarded the John F. Fulton Memorial Award in the History of Medicine in May. The award was established in 1966 by a group of Dr. Fulton's former students and alumni of the Nathan Smith Club, an organization of students interested in medical history. The award, which perpetuates Dr. Fulton's work of fostering student interest and enjoyment in research in medical history, is given to the student who submits the best manuscript of a talk presented before the Nathan Smith Club.

The Role of Medical Alumni at Yale*

by William L. Kissick, M.D., Dr.P.H.

As president of the Association of Yale Alumni in Medicine for the past four years, I have decided to exercise the prerogatives of the Chair and offer a few farewell remarks. Accordingly, I ask your indulgence for the next eight minutes as I offer some observations on The Role of Medical Alumni at Yale.

When I first contemplated these comments, I recalled the formula told to me in the mid-1960's by the chief speech writer for President Johnson.

Point with pride,
View with alarm,
Close with hope.

Point with pride

The first admonition is easy in the present instance. The Association of Yale Alumni in Medicine has much of which to be proud. In my opinion, first and foremost are the hours and days of dedicated service by class agents, representatives to the Association of Yale Alumni, members of the Executive Committee of the Association of Yale Alumni in Medicine, and the expression of interest by each of you in attending these annual meetings.

It is difficult to measure such service or commitment to the well-being of one's alma mater. Being a member of the faculty of the Wharton School as well as the School of Medicine at Penn, my attention turns to a quantitative bottom line. The Executive Committee of the Association includes 20 individuals, three-quarters of whom on average are present for each of three annual meetings.

**Presented at the Annual Meeting of the Association of Yale Alumni in Medicine.*

During my two terms in office this represents a contribution of almost 400 person hours of service. A calculation of these hours at professional or corporate fees is an impressive in kind contribution. Equally so, the attendance at these annual programs. In recent years, the figure has approached 400 annually.

Under the able leadership of Harvey Young, the Yale Medical Alumni Fund has collected three-quarters of a million dollars during the past four years. These monies are committed to student aid and will be increasingly valuable given current Federal policy on the support of medical education.

View With Alarm

To view with alarm, while not pleasant can be instructive. Last fall I attended my first meeting as a member of the Board of Directors of the Yale Alumni Fund. On this occasion I was approached, if not accosted, by the chairman of the Law School Alumni Fund with the challenge, "When will you doctors contribute as much to the Alumni Fund as we do in the Law School?" My first reaction was, "When your health insurance premiums exceed our malpractice premiums."

I was sufficiently provoked, however, to collect some data. Last year the average contribution to the Law School Alumni Fund was \$250 in contrast with ours of \$100. The percentage participation was 50 percent in both schools. I am not prepared to comment on the relative incomes of Yale Law School graduates and graduates of the Yale School of Medicine; however, I would note that our tuition payments are but a fraction of our education costs and therefore we carry a more significant "indebtedness."

My curiosity was piqued, so I collected comparable data for the University of Pennsylvania. There, Medical School graduates contributed \$125 per capita last year, or 25 percent more than we did. Comparable figures for the Penn Law School were \$150, greater than the physicians, but less than the effort here at Yale. If lawyers are more financially equipped to outperform us in per capita gifts, we could still emphasize our commitment by winning the percentage participation sweepstakes.

Close With Hope

As was announced earlier, the Medical School Alumni Fund as of this week received new or increased gifts in the amount of \$83,000 earning a one-to-three match of \$27,000 from the Kaiser Foundation. The response to this stimulus is gratifying. I would submit, however, that we should accept a constant challenge in our giving. Our record is not without impact beyond dollars collected. The participation as well as the total collected is an indicator to foundations, corporate givers, and benefactors of the assessment of Yale's program and potential by its products. With the cutbacks in health manpower funding this persistent challenge is one through which we can provide hope to our alma mater.

Last month while preparing for a visit to the Isle of Kos, I re-read the oath attributed to the school of Hippocrates. The first commitment, following the swearing of the oath, is relevant to our concerns today:

“Reckon him who taught me this art equally dear to me as my parents. To share my substance with him and relieve his necessities if required. Look upon his offspring on the same footing as my own brothers and to teach them this art if they shall wish to learn . . . ”

Thus, is a commitment some 24 centuries old, critical today. It is after all through the support of Yale that we would assist students of the current generation. The Kaiser Foundation challenge is clearly part of a significant hope.

“To teach them this art if they shall wish to learn . . . ” indicates another dimension of Alumni support. Many of us have sought to “teach this art” through the pursuit of careers in academic medicine. Many more have much to contribute. Recognition that a University Medical Center is but one component of the broad sweep of health care delivery suggests increasing potential in the future for a wider circle of Alumni involved in elective preceptorships or special clerkships in institutions and communities beyond the Yale-New Haven Medical Center. These different and valid perspectives can contribute much to complement and supplement traditional medical education.

During the past four years, a significant relationship for the Association of Yale Alumni in Medicine was established through representation on the Medical School Council. The invitation to participate was extended by the Dean to foster closer involvement of the Alumni organization in the affairs of the Medical School. We have a new opportunity for collaboration. The Association was ably served by Dwight Miller as its appointee to the Medical School Council. He will continue this service as Vice-President of the Association.

We have acknowledged Harvey Young’s devoted service as Chairman of the Yale Medical Alumni Fund and appreciate the willingness of Lowell Goodman to succeed him in this service.

During my years on the Executive Committee, I have been singularly impressed with the devotion and energy of Nick Spinelli. I am delighted at his election to the Presidency.

With Alumni such as these in positions of responsibility and others too numerous to name, it is very easy to close with very substantial hope for the future Role of Medical Alumni at Yale.

Thank you.



Dr. Kissick

Association of Yale Alumni in Medicine

Annual Business Meeting

June 6, 1981

Dr. William Kissick, president, called the meeting to order and extended a special welcome to alumni from graduating classes prior to 1931. Warm greetings were extended to Mrs. Louis Nahum and Mrs. C.N.H. Long, who were guests of the Association.

Dean Berliner greeted the alumni and commented briefly on the excellent state of the school. He noted the extensive construction projects in and around the Medical Center, and discussed the potential impact of national policy on the future of the School.

Elections

In response to the report of the Nominating Committee, the following were elected unanimously by a single ballot: President, Nicholas P.R. Spinelli (M.D. '44), and Vice-President, Dwight F. Miller (M.D. '56); new members of the Executive Committee, Susan S. Addiss (M.P.H. '69), James F. Ferguson (M.D. '40), J. Roswell Gallagher (M.D. '30), Nathaniel Kenigsberg (M.D. '39), and Thomas P. Kugelman (M.D. '60). Newly elected members to the Association of Yale Alumni were Carol Goldenthal (M.D. '44), and Harris Pastides (M.D. '77).

Dr. Kissick expressed the Association's appreciation to members of the Executive Committee and the AYA who had served so well and were leaving after having given much time and effort on behalf of the school and the University. He then delivered his farewell comments, urging greater participation of alumni.

Alumni Fund

Dr. Harvey Young, chairman of the Medical School Alumni Fund, reported that as of June 1, the Fund had surpassed its goal for the first time since 1971 and noted that new and increased gifts in response to the Kaiser challenge award amount to \$82,921, earning \$27,640 from the Foundation. Mrs. Kay Howe presented the report for the Public Health Fund, which also saw an encouraging increase in giving. (The final report of the 1981 Fund is printed in this issue of *Yale Medicine*).

Citations

Dean Berliner presented the following citations to distinguished alumni:

Harvey Young, for having "guided our Alumni Fund for the longest term in office and having raised over \$820,000 during that time."

Roswell Gallagher, for his "efforts during the past twenty-one years as Chairman of the Medical School's Bequest and Endowment Program."

William Kissick, for leadership in the Association and having "broadened its relationship with students, faculty and administration."

New Business

The date for next year's Alumni Weekend was set for June 4 and 5.

Introducing the New Chairman of the Medical School Alumni Fund

Dr. Lowell I. Goodman spent most of his early years in Indiana. After graduation from Grass Township High School, he attended Louisiana State University and the University of Oklahoma before coming east to Yale, where he received a B.S. degree in zoology in 1948, and an M.D. degree in 1951.

Although he had been accepted as a resident in psychiatry here, and "despite Thomas Wolfe's admonition," he felt he had to go home again to Hoosier land, if only for two or three years. "I think I felt the need to regain some connection with my family roots," he said.

Back home in Indiana, he spent two years as an assistant resident in psychiatry at Indiana University Medical Center. He also met his future wife there. Ione Thompson was a research chemist with Eli Lilly and Company in Indianapolis.

In 1955, the Goodmans decided to move to Chicago, where Dr. Goodman became chief resident in psychiatry at the University of Illinois Medical Center, and later, a fellow in child and adolescent psychiatry at the Institute for Juvenile Research. From 1956 to 1963 he also was involved in training analysis and training courses at the Chicago Institute for Psychoanalysis. "I did my best to bridge the gap intellectually between psycho-theology and psycho-pharmacology for the next eight years, but finally left the Analytic Institute and went into full-time private practice."

Then, in 1970, Dr. Goodman was appointed head of the CNS section of the Clinical Research Department of Parke, Davis, and Company. He moved to the Pharmaceutical Research Division of Walter Lambert Company in Ann Arbor, Michigan in 1979. "Over the past 11 years I've set up and supervised clinical trial study programs on about 15 different compounds," he explained. "No big winners yet, but we're still hopefully looking. My primary source of enthusiasm at the moment is our entry into the field of anti-senility (memory enhancing) research." Dr. Goodman also spends time at the University of Michigan Medical Center, mostly in the Department of Psychiatry, teaching, consult-



Dr. Goodman

ing and carrying a small group of patients in the Depression Clinic there.

In spite of his acknowledged roots in the mid-west, the new chairman of the Alumni Fund has strong ties to his alma mater in New England. The Goodmans' son, Christopher, attended Yale College, where he received B.S. and M.S. degrees in molecular biophysics and biochemistry in 1981.

Dr. Goodman has been the Class of 1951's Medical School Alumni Fund agent since 1976. For their 30th Reunion Yearbook, the Class of 1951 sent out a questionnaire which asked, among other questions, what the members of that medical class had as their Walter Mitty fantasy in the years 1951-60; 1961-70; and 1971-81. Dr. Goodman's 1971-81 fantasy was to "climb up and ski down Mt. Everest." The chairmanship of the Medical School Alumni Fund also has its ups and downs.

M.N.

Reunion Notes

1931 — Fiftieth

By Max Taffel

The class of 1931 did not have a formal reunion this year. An attempt was made by **Max Taffel** to organize one but there was little response from the class. It was learned that many members of the class were not well, some with serious illnesses, and were physically not able to make the trip. Two stalwarts, and their wives, **Paul and Esther Harper** and **Harold and Helen Harrison**, did, however, come up to New Haven from Baltimore. In addition to participating in the Alumni Day exercises, the Harpers visited with **Dana Blanchard** and **Mike D'Amico** in Branford, and the Harrisons visited with their son, Richard, who is on the faculty of the Biology Department here at Yale.

Ben Castleman, the mainspring of many reunions in the past, was not able to attend this year. Although retired, he is still very much in demand to give lectures and to serve as visiting professor in pathology departments around the country. **Nelson Newmark** is spending his retirement in Sarasota, Florida, enjoying the sunshine, playing golf and doing some geriatrics. **Abe Schechter** now lives in Los Angeles where he is close to his son and daughter-in-law, both of whom are also graduates of the Yale School of Medicine. Finally, a letter from **Jim Stringham** indicates that he has not lost any of his exuberance and drive. He and his wife are still active in medicine and in their long-standing interests in the affairs of their church.

1936 — Forty-fifth

By Philip LeCompte

Our 45th reunion dinner, held June 6, 1981, at Mory's, turned out to be a collection of old faithfuls, namely our dependable local host and arranger, **Nick D'Esopo** and wife Rose, **Ham** and Margaret **Hamlin**, **Steve and Aila Nagyfy**, and class secretary **Phil LeCompte** and spouse, Jean. None of the above are fully retired; in fact, we complimented Nick on having received the V. A. Honor Award for his pioneer work in establishing combined chemo-

therapy for tuberculosis. Ham attended in spite of two recent back operations (it would happen to a neurosurgeon!). Steve confines himself to Gyn (no more Obs) and is giving up major surgery because of the malpractice insurance, but still has a part-time appointment at the new clinical campus of SUNY at Binghamton. Phil has retired from Faulkner Hospital in Boston after some thirty years as pathologist and is now a consultant to the GI service at Lemuel Shattuck Hospital.

To our regret, there were two no-shows — **Rob Kimball** (no explanation) and **Al Diddle**, who sent a letter received after the dinner blaming his absence on writing part of a book, committee meetings and a seminar, in addition to a busy Obs-Gyn practice.

After dinner we turned to news about class members. We were aware of only two deaths since the 40th — **Sam Yochelson**, who had planned to attend that reunion and died shortly after it, and **Roger Hebert**, who died in 1979. We then went through, in alphabetical order what news we had of class members. (This is being sent individually to our mailing list.)

1941 — Fortieth

By Charles Cheney

Fourteen members of the class of '41 returned for reunion, twelve of them with spouses. On hand were **Barbour, Bell, Carey, Cheney, Duncan, Fenton, Flint, Hood (Van Orden), Kenney, Monroe, O'Connell, Ollayos, Parrella, and Pecora**. All returnees seemed in fine fettle despite their advancing years.

Friday evening some of us went for a cruise of New Haven Harbor and adjacent waters of Long Island Sound on the "Liberty Belle." This proved to be an enjoyable and quite spiritual experience. On Saturday we attended the program at the Medical School (lectures, luncheon, cocktail party) and wound up with a fine Class Dinner at the Graduate Club. After dinner Paul Barbour showed his films taken during our medical school years.

1946 — Thirty-fifth

By Charles Judd, Jr.

With a turn-out of twenty-one classmates, most with spouses, our reunion in New Haven was a memorable one. For those of us who attended, our only regret was not having the rest of you there.

The elms of New Haven, and the shaded courtyards and buildings made us feel at home, despite the many impressive new structures in the medical complex. Our festivities began on Friday with an evening voyage on the "Liberty Belle" around New Haven harbor. On board were the **Mathieus, Whelans, Wedemeyers, Judds, Sachses, and Jim Harten**. An orchestra played for dancing, and the food and drink were excellent. Fortunately, Julie Sachs did not get seasick. **Larry Pickett** ('44), **Nick Spinelli** ('44), and other alumni were also on board.

The next day, some of us attended the mini-courses offered in gene-splicing, immunology, etc., and the annual meeting of the alumni. By lunch time, more familiar figures had appeared: **Murphys, Gordons, Shedd, Bluestein, Cooney, Yudkin, Doe, Albrinks, Wings, Kleemans, Becks, and Kings**. After lunch, we headed out by bus to Marty and Evelyn Gordon's home at North Branford. It is a split-level house built on the sloping shore of a pretty fresh-water lake. Some braved the water by sunfish sailing or swimming, but most just sat around in small groups to exchange ideas.

About 6:30, we congregated at Mory's for a great dinner. By that time the **Longos** and **Filers** had appeared. **Vinnie Pepe** showed up for two minutes before he was called away to deliver a baby. The after-dinner speeches with Marty as toastmaster were excellent. He read messages from **Wagner, Cusick, Roth**, and others. He took a statistical sampling of what our offspring are doing, and the number of physicians, lawyers, and nurses was impressive. Each classmate and wife gave a short talk. Most were interrupted by Julie Sachs' acerbic comments. Don Shedd told about his grandson, Carlos Felipe Shedd. Tim Beck announced that his wife, Phyllis, an attorney, has recently been appointed to the bench of the Superior Court of Pennsylvania. We paid tribute to several good friends departed, the remembrance of whom is

still very vivid: **Charlie Dunbar, Lloyd Ross, Harry Halliwell, Frank Reilly, Ken Hardy, and Carl Cook**.

The great success of this reunion was largely due to the efforts of Marty and Evelyn Gordon, and we who attended appreciated their hospitality and kindness.

We look forward to the fortieth!

P.S. We still have not been able to locate **Malmquist**.

1951 — Thirtieth

By John Sullivan

Thirty years later and there we were. We reunited with "joie de vivre." The good old medical school provided excellent arrangements at The Colony, right in New Haven. The program at the school, as usual, was outstanding. The weather loved us and it was our weekend. We were still an athletic group despite the three decades. **Brad Straatsma** ran around the New Haven Green each morning; **Haxo, Ardell, Wong**, and **Morgan** tore up the fairways at the New Haven Country Club. Tennis players we had. Of course, then there were the elbow benders and that was the best part!

We had two delightful cocktail and dinner parties. The first was hosted by **Wally** and **Pat Morgan** at the New Haven Country Club and the second at **Andy and Irene Wong's** home. **Tom Forbes** and his wife made the second party, and it was like Cedar Street all over again. We all seemed older, but not these two honeymooners.

These were fun nights. The old group hasn't changed — of course — they switched from Purple Passion Cocktails to Martinis, but they were a delight. A trim group, healthy-looking. We never did get serious, they were too delighted in seeing each other. Very little change either. I loved the one-liners. **Art Pava** approached **Sid Furst**. On coming in, Sid as usual flipped up his arms and said, "Hell! J.C." Art gave him that old slow smile and said "No, Arthur Pava," and stuck out his hand.

Jim Walker showed up sans beard this time. We did a double-take but recognized him. **Frank Allen** won the trophy for the best legs at the reunion. No contest. He was the only one in shorts. **Ardell** as usual with those wild California golf pants won that prize. Mike Malkin kept us spellbound with

his stories of the space shuttle. **Jocelyn Malkin** is prettier than ever. **Jim Riley** is still the best-looking guy in the class. **Bob Small** brought his girlfriend, as nice as she is lovely. **Paul** and **Polly Bruch** have twelve grandchildren. They still look like honeymooners too. **Tom** and **Barbara Amatruda** sandwiched their son's pre-wedding party in at the same time. They still made the whole scene.

The big prize at the reunion was the book on our class **Lowell** and **Onie Goodman** gave everyone. It's our 30th reunion yearbook and it was an original and delightful idea. "Goodie" had done an outstanding job with the Yale Medical Alumni Fund. This book is great. Fill out your résumés and the fun part and send it to him!

1956 — Twenty-fifth

By John Gardner

The class of 1956 began its reunion weekend with cocktails and buffet beautifully managed by Helen and **Steve Downing** at their home in Guilford. Nineteen classmates and sixteen spouses attended as well as some children. The stated purpose of this evening, to renew acquaintances, was well achieved. Following dinner, we had "nostalgia evening" including a whole carousel of 35 mm. slides of our Yale years provided by many contributors and a playing of **Norman Moon's** immortal recording of our class skit celebrating Dean Vermin LeMange. The intelligent Navy transported Rose Narva's fine movie on the same subject, and it arrived in good time at a local gas station even though she and **Bill** could not be with us.

On Saturday, many attended the formal Alumni Day lectures, luncheon, and meetings, although few of us attended the late afternoon cocktail party at the dormitory. Most were saving their strength for the Class Dinner that evening at the New Haven Lawn Club. This excellent affair was arranged by **Dwight Miller** who proudly introduced us to his nice wife, Ann. Before dinner, there was adequate time to talk with the 25 classmates who attended with their 21 spouses. The latter ungendered term is necessary because our sole lady classmate to attend the reunion, **Rosalie Burns Goldberg**, brought her husband Herb. **Joyce Daly Gryboski** ('57) was

there too, with **Bill**, but she isn't really part of our class except by marriage. Long distance award goes to Susan and **Bill Hindle** who came from Honolulu. This contrasts to some who are said to reside as close as southwestern Connecticut and from whom we never hear. Reproduction award goes to **Ted Hoffman** who attended the dinner with his wife and six children.

Prior to the reunion, a newsletter was compiled describing the current activities of 55 members of our class who replied to requests for information by letter, questionnaire, or telephone. This, with the questionnaire results, has been sent to all class members. The 28 who answered the questionnaire seemed very content with their current situations and grateful to Yale for the nature and extent of the education which they received. This gratitude was more concretely expressed by a record breaking class contribution to the Alumni Fund. Your Alumni Fund Class Agent thanks you most gratefully.

The following attended the reunion: **Alan Apfel, Peter Blos, Leo Boyajian, Rosalie Burns, John Carroll, Ed Child, Jim Collias, Don Dalessio, Chan Dawson, Steve Downing, Mitch Edson, Gil Eisner, John Gardner, Bill Gryboski, Al Gurwitt, John Hart, Bill Hindle, Ted Hoffman, Chuck Hopper, Bill Lewitt, Pres Manning, Dwight Miller, Norman Moon, George Paulson, Jim Scheuer.**

1961 — Twentieth

By Lawrence Chiamonte

Our class reunion dinner was held at The Colony Inn on Saturday, June 6th, and was super. I really had fun catching up with news, gossip, etc., in arranging the dinner. When it comes to Yale Medical '61, we are a "class act."

Unfortunately the tornado warning kept some of our classmates away including **Ken Arndt** and **Norm Moss**. **Bob Livingston** has moved to Boca Raton, Florida with his wife and family with boating on the agenda; he will practice a gentleman's GYN without obstetrics with an interest in infertility. We all wish Bob good luck. Recently, I saw **Phil Felig** on NBC's Channel 4 with his counterpart from Harvard, being interviewed by Frank Field. I know we all feel secure with Phil representing our alma mater. In arrang-

ing our 15th class reunion, **Bob Levy** wrote a warm and friendly letter to our classmates which was read at the dinner. I understand that Bob is leaving the National Lung, Heart & Blood Institute to teach medical school in Massachusetts.

For our classmates who attended the dinner, **George Lordi**, from Nutley, New Jersey, **Wayne Downey** from Guilford, Connecticut, **Warren Widmann** from Morristown, New Jersey and their wives sent no news, but happily their checks for the dinner. **Phil Felig** and his lovely wife attended despite many other commitments. **Dave Brook**, your friendly psychiatrist, and his wife sent greetings along with their check, and wrote of their professional pursuits with drug abuse and group therapy. Their hobbies are raising tropical fish and playing tennis. Dave's two sons, who are both interested in medicine at Yale attended the class dinner. I thought this was an excellent idea for those of us who have older children who might want to talk to other physicians to gain some insights as to career choices.

I have been busy as a part-time director and creator of a Department of Allergy & Immunology in Brooklyn Heights, with a private practice limited to the specialty. My wife and I have been living in Greenwich for the past 3-4 years happily struggling with the usual redecoration problems and two young children. Despite my hectic schedule, it was a pleasure to arrange the class dinner which turned out to be a real success.

1966 — Fifteenth

By Arne Youngberg

The Yale Medical School class of 1966 had a 15th reunion dinner Saturday night, June 6th, at the Graduate Club. Ten members of the class along with spouses were able to make it back. A run-down on those attending and their current activities is as follows: In Connecticut, **Clarence Sasaki** is now chief of ENT at Yale; **Arne Youngberg** is practicing Radiology in Waterbury; **Donald Cohen** is a professor of Child Psychiatry at Yale; **Joe Donadio** and **Jim Brown** are practicing Oncology in Middletown. Jim came back to Connecticut a few years ago after spending some time in Seattle, Washington. **Bob Dragon**, chief of Surgery at New Britain

Hospital, is doing vascular surgery.

Jim Sansing is practicing Dermatology in Torrington and leading the life of a southern gentleman in Litchfield.

Pete Gibbons is practicing Radiology in Brattleboro, Vermont; **Carrie McCagg** is running a rehabilitation program at a hospital in northern New Jersey; and, last but not least, **Mac Griffiss**, having left the Army and Walter Reed Hospital is now doing infectious disease work at the Channing Laboratory at Harvard.

Amazingly enough, all the returnees looked pretty much the way they did the day they walked out of medical school. Hope to see a lot more of you at our 20th and 25th.

1971 — Tenth

By Barbara Kinder

The Yale Medical School Class of 1971 participated enthusiastically in Reunion Weekend June 5 and 6. Twenty-six class members brought spouses and friends to a celebratory dinner on Saturday at The Top of the Kline. **Dave** and **Jill Cossman** won honors for largest distance travelled (Los Angeles), where he is doing vascular surgery and she is in law school. Psychiatrists **Lofgren**, **Woodward**, and **Lippman** journeyed from Massachusetts, as did **Peggy Finston** from Pennsylvania and **Jon Stewart** and **Barry Rand** from N.Y.C. **Frank Miller** and **Steve Moffie** shared distance honors traveling from Cleveland and Houston. Surgeons comprised another active group. **Irv Raphael** is practicing orthopedics in Fayetteville, New York, and **John Mills**, in Plymouth, Massachusetts. **Doug Schmidt** flew in from Chicago where he has accepted a faculty position in plastic surgery. **Dick Moggio** is doing cardiac surgery at Westchester Medical Center and **Fred Cohen** is in obstetrics and gynecology in Waterbury. Internists represented included **Paul Vignola**, now associate director of the Cardiovascular Lab at Miami Heart Institute, and **Dan Synkowski**, assistant professor of dermatology at Hopkins. **Richie Travers** is enjoying the practice of gastroenterology in Manassas, Virginia, and **Pat Minihan** is doing the same in Sharon, Massachusetts. **Al Wehl** and **John Ebersole** have stayed

close to home. Al is practicing internal medicine and endocrinology here, and John is in neurology specializing in epilepsy. Pediatrics was represented at dinner by **Sherry and Wally Matthews** doing diabetes/neonatology and pulmonary medicine respectively at Children's in Boston. **Dave** and **Carol Rinzler** came from Mystic, Connecticut, where he is doing general pediatrics. **John Patti**, enjoying work at Salem Hospital in Salem, Massachusetts, was our sole radiologic representative. Others heard from include **Judy Bader**, who is still at the N.C.I. in pediatric oncology and who is about to begin a radiation therapy fellowship. **Lenny Eisenfeld** is a neonatologist at The Ochsner Clinic. **Barry Perlman** is director of psychiatry at St. Joseph's in Yonkers, and **Mike Piercy** is same at Four Winds Psychiatric in Katonah, New York. **Bruce** and **Marian Block** are teaching at the University of Pittsburgh. **Ward Cates** is still at the C.D.C., **John Cieply** in Hawaii, and **Mike Hart** in Seattle. **Bill Mangione** is doing orthopedics in Denver, where **Bill Hay** is a neonatologist and **Art Jones** is in general surgery. There is much more news but because of limited space the rest will come to you in expanded form in a newsletter. Many thanks to Irv and Barry for their help. Expect to see more of you at the 15th but happy to hear from you anytime. Please keep us posted about address changes.

1976 — Fifth

By Sarah Auchincloss

The reunion dinner was attended by **Sarah Auchincloss**, **Mark Cullen**, **Todd Estroff** and wife, **Randy Hawkins**, **Rick Kayne**, **Bill Levy** and **Karen Kelly** ('77), **Cindy Mann** and **Peter Swanson**.

Dr. Auchincloss has prepared a detailed report which will be sent to each member of the class. It contains news and information about various classmates. She writes that "these tidbits were gathered in the wine-dark, candlelit atmosphere of Pippin's, a lush little restaurant in New Haven where the true believers in the class gathered to marinate our memories in various sightings again, camaraderies, alcohols, and a slurry of hopes, fond dreams, misperceptions/illusions, and old

allegiances/vendettas to the enhancement of our vision of ourself as a Class, while I duly and drunkenly took little notes, promising all around to do something reasonable with them."

Other Class Notes

1938

The First Annual N. William Wawro Memorial Cancer Symposium sponsored by the University of Connecticut School of Medicine, Hartford Hospital and the American Cancer Society was held at the University of Connecticut Health Center on October 24.

1943

Donald Seldin is one of the editors of "Frontiers in Hypertension Research," published by Springer-Verlag New York, Inc. This book presents the unabridged opinions and current thinking of more than 250 of the world's most famous scientists in 18 frontier areas of hypertension research on topics of interest to practicing physicians as well as research scientists.

1947

In a recent letter from **Igor Tamm**, he said that his wife, **Olive Pitkin** has been appointed assistant commissioner for Maternal and Child Health Services in the Department of Health of The City of New York after serving as director of the Bureau of School Health for twelve years. Also, The New York Hospital-Cornell Medical Center has commended Dr. Pitkin in recognition of 25 years of loyal and meritorious service in the Pediatric Outpatient Clinic, and Bennington College has presented her with the Bennington award for excellence and achievement in medicine.

1952

Robert Petersdorf, president of the Brigham and Women's Hospital and professor of medicine at Harvard Medical School, has been named dean of the University of California, San Diego, School of Medicine and vice chancellor for health sciences.

1963

The P. Browning Hoffman Memorial Lecture in Law and Psychiatry at the University of Virginia was given by **Alan Stone** ('55) of Harvard Medical School, who spoke on "Psychiatric Abuse and Legal Reform: Two Ways to Make a Bad Situation Worse." This was part of the Sixth International Symposium on Law and Psychiatry to be held at the Law School of the University. Also participating in the symposium were **Daniel X. Freedman** ('51), chairman of the Department of Psychiatry at the University of Chicago School of Medicine and **David Musto** of the Yale Child Study Center.

Dr. Hoffman held joint appointments as professor of law and professor of psychiatry at the University of Virginia and was the founding director of the University's Institute of Law, Psychiatry and Public Policy prior to his death in 1979. The memorial lecture was established as a tribute to his contribution to professional education and in recognition of the unique mark which he left on his colleagues and students.

1964

Diane Shrier, has received an Exceptional Merit Award from the College of Medicine and Dentistry of New Jersey — New Jersey Medical School. Dr. Shrier is clinical assistant professor in the Department of Psychiatry and Mental Health Science (Child and Adolescent Psychiatry Section), unit chief of the Child and Adolescent Unit of the Community Mental Health Center, and acting chief of the Child and Adolescent Psychiatry Section.

1966

Anthony Robbins, formerly director of the National Institute for Occupational Safety and Health, is now a top health advisor to the House Energy and Commerce Committee, which is chaired by Rep. John Dingell (D. Mich.).

1967

A recent letter from **John Drews** informed us that his classmate, **Lawrence Henry**, died on May 19, 1981 at his home in Newton Highlands, Massachusetts. He was 39. Dr. Drews wrote as follows: "Larry graduated *cum laude* from both Harvard University and Yale School of Medicine. He was selected to Alpha Omega Alpha in his junior year at Yale, and received the reward for best research thesis in his class.

"The courageous acceptance of his final illness that Larry displayed was remarkable, and was an inspiration to all those who were close to him. A Lawrence M. Henry Memorial Library Fund has been established in the Department of Radiology at Peter Brent Brigham Hospital.

"Larry is survived by his wife, Bobbi, his sister, Mrs. Esta Shindler, and his parents, Lester and Augusta Henry, of Norwood, Massachusetts. Burial services were held on May 21, at the Sharon Memorial Park, Sharon, Massachusetts."

1968

It was recently announced by The Fairfield County Medical Association (Ct.) that **Joseph Andrews, Jr.** has been named the recipient of the Second Annual Dr. Melville G. Magida Award of the Richard and Hinda Rosenthal Foundation. The Award, consisting of a plaque and stipend, is presented each year to a young Fairfield County physician "who has demonstrated notable capability in patient treatment and care." Dr. Andrews served his internship and residency at Yale-New Haven Hospital and at St. Francis Hospital in Hartford. He is an internist and has practiced for eight years in the Norwalk area.

1968

Jackson Pickett III, formerly of the University of California at San Francisco has been appointed associate professor of neurology at the Medical University of South Carolina in Charleston.

1978

Steven Shoum has completed his residency at the New York Hospital-Cornell Medical Center where he received the Robert D. Dripps Memorial Award for Outstanding Resident in Anesthesiology. Dr. Shoum has been appointed to the staff of South Nassau Communities Hospital in Oceanside, New York.

House Staff

1946

In awarding the honorary Doctor of Humanitarian Service degree to **John McGovern** of Houston during its May commencement, Texas Christian University cited the internationally known allergy specialist as "a gifted physician, scholar and teacher who has contributed in myriad ways to the improved health of people around the globe."

1961

Surgeon and author, **Richard Selzer**, was awarded an Honorary Doctor of Humane Letters degree by Union College at commencement ceremonies on June 14. Dr. Selzer, who is an assistant clinical professor of surgery at Yale, is a graduate of Union College.

1975

Stephen Rawe was recently awarded the Ph. D. degree by the Medical University of South Carolina. While continuing his work as associate professor of neurosurgery on the clinical staff at the Medical University, Dr. Rawe completed his graduate work in neuroanatomy. His research and doctoral dissertation focused on the trigeminal nerve in the cynomolgus monkey. Dr. Rawe received his M. D. degree in 1969 from the University of Pennsylvania and completed his internship and neurosurgical training at Yale.

Editor's Note: Yale Medicine welcomes news about current activities of graduates and former house staff and fellows. Let us hear from you!

IN MEMORIAM

Michael H. Glazer, M.D.	ex med '16
February 9, 1981	
Willys M. Monroe	M.D. '19
June 18, 1981	
Fortunat A. Troie	M.D. '19
January 10, 1981	
Edward G. Waters, M.D.	ex med '22
July 11, 1981	
Guy C. Bittner	ex ph '24
April 1, 1981	
Chris H. Neuswanger	HS '25
April 5, 1981	
Charles M. Goss	M.D. '26
March 16, 1981	
Nancy DuVal Campbell	M.D. '31
April 21, 1981	
John J. Wells, M.D.	ex med '31
December 15, 1978	
Helen Whittier	M.P.H. '31
(date unknown)	
Stephen Brown	M.D. '32
(date unknown)	
Francis P. Guida	M.D. '34
August 5, 1981	
Ralph J. Littwin	HS '41
March 30, 1981	
George R. Read	M.D. '45
June 10, 1981	
Martin E. Smith	M.D. '50
June 28, 1981	
William A. Taylor	M.D. '51
May 13, 1981	
Bruce Draper	M.D. '54
June 6, 1981	
William B. Rich	PDF '61
June 7, 1981	
Sydney Luria	M.P.H. '63
October 25, 1980	
Lawrence N. Henry	M.D. '67
May 19, 1981	
L. Todd Berman	M.P.H. '70
May 16, 1981	
Gloria Cummings	M.D. '72
May 14, 1981	
John M. Brereton	M.P.H. '72
August 6, 1981	

1980 ~ 1981

Medical School Alumni Fund Campaign

A GREAT SUCCESS!

Message from the Medical School Alumni Fund Chairman

The 1980-81 Medical School Alumni Fund proved to be a very special year in our Fund history. The Henry J. Kaiser Family Foundation provided us with a formidable challenge, and your thoughtful response to that award enabled us to not only exceed our goal of \$180,000 but to break all records with a grand total of \$213,264.

I attribute the success of the Fund during this last fiscal year to our dedicated volunteers: the class agents who personally contacted their classmates; the vice chairmen who provided the needed communication with the class agents; the special reunion telephoners; the tireless efforts of the Bequest and Endowment Co-Chairmen, Ros Gallagher and Sam Kushlan; and Russ Scobie who has done such a fine job as In Memoriam Chairman.

To all contributors, alumni, former house staff, parents and friends, I add my personal thanks for your sincere support of the Medical School Alumni Fund. I know you share with me the fine sense of accomplishment in contributing to the Fund and thereby providing much needed income for student loans.

I have enjoyed my term as chairman and I thank you all very much for allowing me the opportunity to work for the Yale Medical School—an institution that means so much to us all.

I wish Lowell Goodman '51 the best of luck as Chairman. With the same loyal support you have given me, the Fund is bound to have many more record years.

Sincerely,

Harvey L. Young '52
Chairman

Fund Officers

Medical School Alumni Fund

Harvey L. Young '52, *Chairman*

Malvin F. White '39, *Vice Chairman*

William K. McClelland '47, *Vice Chairman*

John L. Cieply '71, *Vice Chairman*

J. Roswell Gallagher '30, *Bequest and Endowment Co-Chairman*

Samuel D. Kushlan '35, *Bequest and Endowment Co-Chairman*

Russell B. Scobie '29, *In Memoriam Chairman*

Epidemiology and Public Health Alumni Fund

Kathleen H. Howe '56, *Co-Chairman*

Samuel B. Webb, Jr. '63, *Co-Chairman*

A Message from the Dean

The Medical School Alumni Fund set a new record this past year. For the first time the annual giving was over \$200,000! This remarkable performance is due to the efforts of many who have worked on behalf of the Fund. I want to express my appreciation to Harvey Young and the other Fund officers and especially the Class Agents. I also want to thank all of our alumni and friends whose interest and loyalty have been expressed through contributions to the Fund.

I am frequently asked how the Alumni Fund money is used. This year, as in the past ten years or so, income will be used to provide additional student loans. It is heartening to know that the new dollars contributed will be matched (1 for 3) by the Henry J. Kaiser Family Foundation. Money for student financial aid continues to be one of the School's greatest needs; this is especially true today in view of the inflated cost of living and the anticipated cutback in government loan funds. Your Alumni Fund contributions and the additional money from the Kaiser Foundation will enable us to continue to help those students who need assistance to meet the full cost of their Yale medical education.

Thank you again for your support.

Sincerely,

Robert W. Berliner

Message to Public Health Graduates

The 1980-81 fund year marked the inauguration of a class agent system for the Epidemiology and Public Health Alumni Fund. Compared to the previous year, the results were impressive, indicating that a personalized approach is well worth the effort. The percentage of participation rose to 28%, and the amount raised increased by \$4,000 to a total of \$18,790.

Far from being complacent about this limited success and aware of the tremendous need for scholarship funds, we know that we must, and believe that we can, raise more dollars in further campaigns.

Robert W. McCollum

Kathleen H. Howe

Samuel B. Webb, Jr.

Medical School Class Participation

<i>Year</i>	<i>Agent</i>	<i>1979-80 Total</i>	<i>1979-80 %Part</i>	<i>1980-81 Total</i>	<i>1980-81 %Part</i>
1908-20		\$1,074	33%	\$ 53	40%
1921	Barnett Greenhouse	35	67%	235	100%
1922	Edward T. Wakeman	245	55%	275	45%
1923	William Cohen	600	60%	5,625	60%
1924	Myron A. Sallick	1,470	100%	2,943	75%
1925	Alice A. S. Whittier	725	74%	975	68%
1926	Maxwell Bogin	455	47%	1,523	42%
1927	Henry Irwin Fineberg	993	42%	1,161	42%
1928	Max Alpert	1,843	62%	2,441	62%
1929	Paul F. McAlleney	1,630	80%	2,022	84%
1930	J. Edward Flynn	3,124	59%	10,738	69%
1931	Michael D'Amico	1,150	50%	2,075	54%
1932	Storer P. Humphreys	813	52%	1,024	55%
1933	Frederick Wies	2,260	50%	4,198	55%
1934	Dewitt Dominick	1,932	64%	2,211	64%
1935	James Q. Haralambie	1,858	68%	1,620	54%
1936	Hannibal Hamlin	6,688	40%	3,319	43%
1937	David Dolowitz	1,751	57%	1,767	49%
1938	Nelson Ordway	1,105	52%	1,986	60%
1939	Robert G. Ernst	1,765	43%	1,855	38%
1940	James F. Ferguson	2,050	62%	5,355	64%
1941	Charles B. Cheney	1,575	54%	1,785	61%
1942	Walter J. Burdette	1,852	50%	11,679	53%
1943A	Jonathan Lanman	1,525	46%	2,030	54%
B	S. Brownlee Brinkley	1,922	46%	1,242	43%
1944	Nicholas P. R. Spinelli	2,735	57%	4,188	55%
1945	Richard W. Breck	4,232	69%	3,260	69%
1946	Julian A. Sachs	3,726	57%	8,830	66%
1947	William Roy Breg	1,720	53%	3,165	54%
1948	Paul Koehler	2,495	56%	3,480	60%
1949	Daniel Elliot	2,178	50%	2,945	48%
1950	Archie Golden	10,278	66%		
	David Frucht			1,661	32%
1951	Lowell I. Goodman	3,196	39%	4,520	100%
1952	Harvey L. Young	3,298	47%	3,102	38%
1953	Vincent Lynn Gott	2,710	56%	3,445	49%
1954	John K. Rose	3,679	63%	2,616	45%
1955	Robert A. Kramer	4,015	58%	3,740	62%
1956	John H. Gardner	4,915	57%	14,930	63%
1957	William J. Waskowitz	3,755	60%	5,300	64%
1958	Charles A. Hall, Jr.	5,320	54%	3,890	43%
1959	Asa Barnes, Jr.	5,620	63%	5,600	57%
1960	Thomas P. Kugelman	6,105	56%	4,235	49%
1961	Jon D. Dorman	4,000	51%	3,681	50%
1962	A. Richard Pschirrer	3,855	60%	4,296	51%
1963	Craig H. Llewellyn	3,725	51%	3,085	37%
1964	William J. Houghton	3,545	69%	5,556	58%
1965	David A. Hill	5,999	60%	4,569	49%
1966	Mary Alice Houghton	2,538	52%	3,642	54%
1967	James Dowaliby	2,995	62%	3,960	59%
1968	Frank E. Lucente	1,815	49%	4,145	54%
1969	Lee Merrill Jampol	3,717	62%	4,736	63%
1970	James R. Missett	2,167	49%	1,771	39%
1971	John L. Cieply	2,611	49%	5,771	59%
1972	Paul A. Lucky	1,140	40%	1,619	46%
1973	David Bailey	1,595	43%	1,189	34%
1974	Peter J. Buchin	448	26%	505	22%
1975	Daniel Passeri	414	20%	605	20%
1976	Robert F. Taylor	320	16%	987	21%

continued

Medical School Class Participation *continued*

Year	Agent	1979-80	1979-80	1980-81	1980-81
		Total	%Part	Total	%Part
1977	David Kreis	580	19%	555	22%
1978	Duke Cameron	741	22%	521	14%
1979	Barbara Peters	160	10%	165	6%
1980A	Eduardo Alfonso	—	—	100	12%
B	Mark Bernhardt	—	—	235	19%
Medical Alumni		\$153,973	48%	\$194,905	45%
Former House Staff		5,142	19%	6,498	18%
Parents and Friends		4,011		5,439	
In Memoriam		—		6,422	
Medical School Alumni Fund Total		\$163,126		\$213,264	

Public Health Class Participation

Year	Class Agent	1980-81	1980-81
		Class Total	% Participation
1922-1941	Kathleen Howe	\$1,960	43%
1942	Eric Mood	320	43%
1943	Eric Mood	310	21%
1944	Eric Mood	130	44%
1945-1949	Kathleen Howe	995	26%
1950	Elizabeth Robinton	290	42%
1951	Leonard F. Menczer	255	23%
1952	Yolande F. Lyon	515	42%
1953	Milton H. Sisselman	535	38%
1954	Ruth M. Taber	160	18%
1955	Frances R. Ogasawara	230	36%
1956	Henry M. Parrish	735	32%
1957	Edward R. DeLouise	212	25%
1958	Thomas T. Flynn	445	21%
1959	Dorothy M. Wilson	445	31%
1960	Hannah Clark Russell	220	29%
1961	Gordon R. Beem	488	30%
1962	A. Kay Keiser	35	14%
1963	David Dolins	430	33%
1964	Estelle Siker	520	38%
1965	Michael E. Kove	305	30%
1966	Allen Cohen	245	23%
1967	James M. Malloy	770	33%
1968	Arnold R. Saslow	560	28%
1969	Samuel P. Korper	495	17%
1970	Susan W. Balter	410	10%
1971	William P. Ferretti	1,622	34%
1972	Daphne DeJ. Gemmill	405	28%
1973	Judith G. Beatrice	770	27%
1974	Rose Salisbury Beer	270	31%
1974	Roberta Lawrence	455	35%
1975	Linda K. Broker	556	26%
1976	Elaine P. Anderson	380	25%
1977	Carroll Schilling Neisloss	575	24%
1978	Richard C. Poole	665	26%
1979	Ralph Tartaglione, Jr.	575	26%
1980	Christina P. Quinn	543	27%
Total (1980-81)		\$18,790	28%
Total (1979-80)		\$14,849	24%

Contributors to the 1980/81 Fund

1903

Robert Rowley*

1906

Charles Mitchell*

1913

Ralph Taylor*

1920

Oscar Brenner*

1921

Ella W. Calhoun

Joseph T. Eagan

Barnett Greenhouse

1922

Benedict R. Harris

Chester E. Hurwitz

Helen P. Langner

Maurice F. O'Connell

Edward T. Wakeman

1923

Dexter M. Bullard

William Cohen

Joseph Epstein

Jacob Mellion

Julius A. Olean

Hyman W. Weinstein

1924

John J. Batchelor

Edward M. Gould

David M. Raskind

Myron A. Sallick

Jacques D. Soifer

Harold T. Vogel

1925

Spafford Ackerly

Dorence S. Cowles

Edward A. Cramton

Waldo F. Desmond

Henry W. Ferris

Matthew Griswold

Davis H. Pardoll

Thomas Preston*

Samuel Reback

Welles A. Standish

Alice A. S. Whittier

Gonsalvo C. Williams, Jr.

Howard A. Wood

1926

Stanton T. Allison

Maxwell Bogin

Joseph Hetzel*

Morris Hinenburg

Ben Klotz

Joseph T. Matteis

Alexander E. Rosenberg

Richard M. Starr

William H. Veale

1927

Milton B. Berman

Wallace Bostwick*

Henry Irwin Fineberg

Meyer Friedenson

John Freiheit*

Herman H. Goldstein

Albert Jablonsky

Nathan Levy

William C. Meredith

Moses Rothberg

M. Dawson Tyson

George H. Zinn

1928

Max Alpert

Clement F. Batelli

Berthold R. Comeau

Sheldon A. Jacobson

Edward P. J. Kearney

Ralph E. Knutti

Ferdinand G. Kojis

R. Harold Lockhart

Edward Ludwig*

Nathan E. Ross

Robert I. Rubinstein

John Russell*

Alvin A. Schaye

Lewis A. Scheuer

George C. Wilson

1929

James Rae Arneill, Jr.

Lydia Gibson Dawes

Charles J. Epstein

Robert A. Frisch

Oliver Gates

George S. Goldman

Alexander Haff*

John A. Hangen

Harold J. Harris

George P. Jackson

Vernon W. Lippard

Paul F. McAlenney

Tony Liebman Rakieten

William F. Roth, Jr.

Russell B. Scobie

Benjamin Spock

Robert Tennant

Felix F. Tomaino

F. Erwin Tracy

Newell Washburn*

Julius Weiner*

Mabel Wilson

Fumiko Yamaguchi-Amano

Herman Yannet

1930

Samuel Alpert

Daniel Beers*

Ignacio Bird-Acosta

Courtney Craig Bishop

Frederick Fitzherbert Boyce

Charles Breck*

Frank H. Couch

Robert D. M. Cunningham

Lewis Dickar

Vincent A. Doroszka

Knox H. Finley

J. Edward Flynn

J. Roswell Gallagher

Leonard Greenburg

James C. Hart

Edmund L. Kitzmeyer

Paul H. Lavietes

Jack Lehner

Moses D. Lischner

John C. Mendillo

Paul Watson

Amy H. Wilson

1931

Dana L. Blanchard

Henry H. Briggs, Jr.

Benjamin Castleman

Michael D'Amico

Richard L. Frank

Helen R. Gilmore

Paul A. Harper

Harold E. Harrison

Morris F. Heller

A. Philip LaFrance

Rhoda M. Mickey

Nelson Newmark

Sheldon Payne

Morris L. Rakieten

Abraham J. Schechter

1932

Louis K. Alpert

Irvin J. Beebe

Henry Brill

Frank Carroll

Clement C. Clarke

Hester B. Curtis

Joseph P. Donnelly

Lewis F. Foster

Conrad R. Lam

Mario L. Palmieri

Arthur J. Present

Elizabeth M. Ramsey

Benjamin N. Tager

Myron E. Wegman

Frank B. Wisner

Edmund A. Zybulewski

1933

Myron Adams*

Lee E. Farr

Franklin M. Foote

Jack Greenberg

Daniel F. Harvey

Robert W. Huntington, Jr.

John G. Martin

Raymond E. Miller

Ashley Pond, III

Paul L. Saffo

Lester Q. Stewart

Sidney Stringer*

Frederick A. Wies

Francis M. Woods

1934

Leona Baumgartner

Frederick Beck

James F. Blades

Joseph Budnitz

Dewitt Dominick

Derrick A. January

Knowles B. Lawrence

Theodore P. Merrick

Herbert C. Miller

Donald R. Mills

John B. Ogilvie

Lucien M. Pasucci

Gerald Ryan*

Harry Sherman

George Zalkan

1935

Edgar S. Childs

Sawnie R. Gaston

H. Hoffman Groskloss

James Quintin Haralambie

W. Howard Horner

Samuel D. Kushlan

Norman E. Peatfield

Norman P. Rindge

Milton Rose

Clark P. Searle

Jack C. Sleath

Walter A. L. Thompson

Paul H. Twaddle

Ashbel C. Williams

Samuel Zelman

1936

Daniel Bergsma

George Henderson Brown

Lester W. Burket

Charles H. Doeller, Jr.

Franklin F. Ferguson

Margaret C. L. Gildea

George D. Gross

George A. Hahn

Louise G. Hutchins

E. Robbins Kimball

Philip M. LeCompte

Donald F. Marshall

Frederick A. Post

Robert H. Stevens

Morris Tager

1937

Edmund R. Blower

David A. Dolowitz

D. Crosby Greene

Bernard Hartman*

Joseph B. Hollinshead

Wilbur D. Johnston

Alfred E. King

Dunham Kirkham

Julia Mehlman

James P. Morrill

Charles W. Neuhardt

Winston J. Rowe

Alan A. Rozen

Morgan Sargent

Edward J. Shaw

Albert D. Spicer

John M. Thomas

Lucille R. Wiepert

Lorande M. Woodruff

1938

Roy N. Barnett

Agnes Vernon Bartlett

Henry L. Carideo

Roberta Crutcher

John A. Dillon

John J. McGillicuddy

Edward Nichols

Nelson K. Ordway

Edward W. Pinkham, Jr.

John Prutting

James Radcliffe, Jr.

George E. Roberge

Theodore W. Steege

Lester J. Wallman

J. Richard Zahn

1939

Norman L. Cressy

William H. Druckemiller

John P. Ferguson, Jr.

Nathaniel Kenigsberg

Russell Nahigian

Ernest L. Sarason

Bradford Simmons

Rebecca Z. Solomon

Stuart S. Stevenson

John D. Tobin

Arthur S. Tucker

Darrell G. Voorhees

Douglass W. Walker

John H. Wentworth

Malvin F. White

1940

Theodore E. Allen

Joseph V. Baldwin

Jack S. Blaisdell

Philip S. Brezina

Crawford J. Campbell

David Crocker

Thaddeus S. Danowski

Wynant Dean

Robert M. Dunlap

James F. Ferguson, Jr.

Eugene J. Fitzpatrick, Jr.

John C. Haley

H. Stuart Irons, Jr.

Donald G. Johnson

Contributors to the 1980/81 Fund

1945

George Howard Allison
A. John Anlyan
Albert S. Atwood
Frederic M. Blodgett
Richard W. Breck
Carleton J. Brown
Louise H. Burr
Jay B. Cohn
Thomas P. Cotter
Richard R. Dyer
Robert S. Easton
Sidney S. Feuerstein
Alice Dersheimer Friedman
Raymond A. Gagliardi
Philip S. Good
Gove Hambridge, Jr.
Herbert S. Harned, Jr.
O. Roger Hollan
John R. Howick
Hans R. Huessy
William L. Jenney
Leland W. Jones
John H. Killough
Michael W. Lau
William E. Laupus
Raymond E. Lesser
Mark McD. Lindsey
Charles E. McLean
Lawrence J. Morin
Fitzhugh C. Pannill
Raymond E. Parks
Richard M. Peters
George R. Read
Charles E. Sherwood
Joseph R. Stanton
Kenneth C. Steele
Leroy S. Wolfe

1946

Margaret J. Albrink
William G. Banfield, Jr.
Aaron T. Beck
Franklin C. Behrle
Sanford G. Bluestein
Linus W. Cave
Thomas J. Coleman
James F. Cooney
George C. Cusick
Thomas A. Doe
H. Lambert Filer, Jr.
Gregory E. Flynn
Martin E. Gordon
James N. Harten
Charles S. Judd, Jr.
Harold King
Benjamin F. Kitchen, Jr.
James A. Kleeman
Vincent J. Longo
Richard H. Mann
Thomas J. Mathieu
Hugh J. McLane
John H. Morton
Laura W. Neville
Francis Reilly*
John F. Neville, Jr.
David H. Riege
Julian A. Sachs
Donald P. Shedd
Richard G. Sisson
R. Bruce Thayer
Robert R. Wagner
William J. Wedemeyer, Jr.
Thomas J. Whelan, Jr.
Hugh R. Williams
Lihu S. Wing, Jr.

1947

George R. Barnes, Jr.
Henry N. Blansfield
Albert W. Bostrom, Jr.
John E. Bowers
William Roy Breg, Jr.
M. Richard Carlin
Robert A. Chase
William F. Collins, Jr.
Robert P. Darrow
Archie L. Dean, Jr.
Jean H. Dougherty
Owen W. Doyle
Franklin Harold Epstein
Richard K. Friedlander
Frank H. Horton
Robert J. Kerin
Don F. Kimmerling
Richard P. Levy
Brock Lynch
William K. McClelland
Robert F. Newton
Myron K. Nobil
Lawrence C. Perry
Philip H. Philbin
Edgar B. Phillips, 2nd
Olive E. Pitkin
Irving Rudman
Igor Tamm
Patricia B. Tudbury
Ellis J. Van Slyck
M. Henry Williams, Jr.

1948

Russell J. Barnett
Edith M. Beck
Allyn G. Bridge
Ruth E. Cortell
G. Robert Downie
Marie C. Duncan
Boy Frame
Emil Frei 3d
Julian Frieden
Allan Green
B. Herold Griffith
Sylvia Preston Griffiths
Thomas M. Hannah
W. Rayner Johnson
Paul B. Koehler
Robert Lawson*
Robert E. Lempke
C. Arden Miller
John P. Morris
John B. Morrison
David E. Morton
James W. Needham
Gerald R. Nowlis
Jessie E. Parkinson
Lewis P. Rowland
Benjamin F. Rush, Jr.
Jerome H. Shapiro
Anne G. St. Goar
Paul Talalay
Wallace W. Turner
Paul Woodbury Weld

1949

William G. Anlyan
Jonathan S. Bishop
Mary Pucci Couchman
Phillip G. Couchman
Peter R. Cunningham
N. Joel Ehrenkranz
Daniel W. Elliott
Gunnar O. Eng
Albert A. Fisk
Paul S. Goldstein
Frederic W. Gray
Jackson Harris
Robert C. Howard

Benjamin A. Johnson
Frank D. Law
Orval I. McKay
Richard D. Otis
Julian I. Pichel
Edmund L. Piper
Charles L. Rennell, Jr.
Murray Z. Rosenberg
Daniel Rudman
Carl M. Russell
William H. Sewell
Raymond D. Sudarsky
1950
John E. Borowy
Alvin Davis
Thomas J. Ferraro, Jr.
David A. Frucht
Archie J. Golden
Wallace M. Kemp, Jr.
Marilyn M. Kritchman
Sidney S. Lee
Janus C. Lindner
Margaret S. Lyman
Harry L. McClelland
John H. Meyers
Jane B. Shumway

1951

Karel Bedrich Absolon
Goffredo Accetta
W. Robert Adams
Frank R. Allen
Thomas T. Amatruda, Jr.
Stanley D. Ardell
Muriel H. Bagshaw
John W. Berg
Allan A. Brandt
Paul R. Bruch
Eleanor Clay
William J. Dowling
John J. Egan
Ferdinand H. Flick
Daniel X. Freedman
Lawrence R. Freedman
Sidney S. Furst
Joseph M. Garland
Ralph M. Gofstein
Sumner Goldenthal
Lowell I. Goodman
John T. Groel
Robert N. Hamburger
Laurence V. D. Harris, Jr.
John V. Haxo
Carroll K. Iverson
Alfred D. Katz
William Kiekhofer
Robert D. King
Robert W. Lusk
Jocelyn S. Malkin
John J. McGarry
Robert C. Merrill
Francis L. Merritt
Paul D. Millikin
Walter S. Morgan
N. Karle Mottet
Albert R. Mowlem
Richard S. Munford
Ismail Nik Nevin
Charles A. Nugent, Jr.
Gerard B. Odell
Alfred Owre, Jr.
Jose Felix Patino
Arthur A. Pava
Majie S. Potsaid
James A. Riley
Martin E. Robinson
Simon A. Sayre
Robert G. Small
William F. Stephenson

Harold M. Sterling
Bradley R. Straatsma
John L. Sullivan
Jane U. Swartz
Herbert P. Ungricht
James Walker
Andrew S. Wong

1952

John W. Arnold
Charles W. Chace
Frank R. Coughlin, Jr.
Raymond S. Duff
James R. Durham
John P. Filley
Robert P. Gerety
William R. Letsch
James Kent Luce
Sidney Nathan Paly
Robert G. Petersdorf
John Macklin Roberts
Elizabeth M. Rush
Donald H. Schultz
Robert B. Schultz
William F. Stephenson
John H. Wagner, Jr.
John L. Wolff
Harvey L. Young
Robert Zeppa

1953

Claude Bloch
Harold D. Bornstein, Jr.
William R. Chaffee
Allen Chetrick
Rex B. Conn
Louis R. M. Del Guercio
Donnell Dencil Etwiler
Vincent Lynn Gott
A. Daniel Hauser
George L. Hoffmann
David Purdy Holman
Peter Biggs Hukill
Alvin Joseph Keroack
Richard Robert Knowles 3d
Preston Lee Leslie
Robert N. Melnick
Harvey Martin Peck
Warwick Potter, Jr.
Paul G. Quie
Jose Ramirez-Rivera
Barbara F. Rosenberg
Irwin K. Rosenberg
Virginia C. Saft
William Lindsay Shepard
Lynn Cortland Stoker
Matthew Andrew Tandysh
William Junior Vandervort
William August Wilson, Jr.
James Frederic Young

1954

Richard J. Bouchard
George N. Bowers, Jr.
Ralph K. Campbell
John R. Cole
Walter J. Freeman
Orlando F. Gabriele
Frank L. Gruskay
Nicholas A. Halasz
Walker R. Heap, Jr.
Herbert S. Hurwitz
Robert J. T. Joy
Donald S. Kornfeld
Eva Henriksen Mac Lean
Paul N. Neufeld
James J. Nora
William J. Paule
Anthony V. Piccirillo
Richard D. Pullen
Jacques M. Quen
Edwin R. Ranzenhofer

Earl D. Rees
John Keith Rose
Elihu M. Schimmel
Leonard M. Silverman

1955

John B. Atwater
John C. Bailar III
E. Edward Bittar
Douglas G. Boyden
Irwin M. Braverman
Edward Noel Brennan
Padraic Burns
Leo R. Cardillo
Nicholas A. Coassin
Edward Coppola*
Milton Corn
Pasquale James Costa
John G. Daley
Fred Wendell Doyle
William O. Edward
Leroy Engel
F. Robert Fekety, Jr.
Mahlon V. R. Freeman
James Conway Garlington
Barbara W. Gibson
Rudolph J. Goerke, 3d
Paul Gonick
Dieran Goulian, Jr.
Ion Gresser
John H. Hodge
D. Franklin Johnson, Jr.
Harry O. Kendall
David R. Kessler
Robert A. Kramer
C. Grant LaFarge
William E. Lattanzi
Gilbert M. P. Leib
James Lum
Alexander Maitland III
Joseph S. McGuire, Jr.
Russell Miller, Jr.
Robert C. Nodine
Gloria C. Onque
John C. Pace, Jr.
Robert H. Peters, Jr.
Gregory Peterson, Jr.
Robert A. Reich
Paul J. Robinson, Jr.
F. Brantley Scott, Jr.
Phillip W. Smith
Alan A. Stone
Alexander Zuckerbraun

1956

Alan E. Apfel
Alvin D. Benjamin
Peter Blos, Jr.
Levon Z. Boyajian
Thomas M. Brown
Rosalie A. Burns
John F. Carroll
Edwin L. Child
James C. Collias
Louis A. Corvase
Donald J. Dalessio
S. Evans Downing
Mitchell Edson
Gilbert M. Eisner
Sumner Gochberg
George E. Green
Alan R. Gurwitt
Arne G. Haavik
Armen C. Haig
John Herd Hart
William H. Hindle
Marie-Louise T. Johnson
George T. Kammerer
Jerome O. Klein
William V. Lewit
Leo Lutwak

Preston C. Manning
Dwight F. Miller
Elmer T. Mitchell, Jr.
Donald J. Nalebuff
William M. Narva
A. Frederick North, Jr.
David A. Page
George W. Paulson
Robert L. Powell
Stewart E. Pursel
John Y. Pyo
Robert Lee Scheig
James Scheuer
Edward C. Senay
Benjamin A. Shaver, Jr.
Donald William Sherrick
Daniel R. Silbert
Donald R. Sperling

1957

Joseph S. Amenta
Jack Norman Blechner
Richard I. Breuer
Harry C. Briggs
John P. Carey
Louis Z. Cooper
Harold Dick Cross
John D'Agostino, Jr.
Thomas H. Danaher
James R. Dorr
Salvatore Falbo
Harold J. Fallon, Jr.
Robert E. Fishbein
Ronald H. Fishbein
James R. Fitzgerald
Anthony L. Fons, 3d
Elizabeth H. Forsyth
Robert H. Glass
Anne H. Good
Jack Peter Green
Malcolm Hill
Gilbert F. Hogan
Warren R. Johnson
Richard Lee Kahler
William L. Kissick
Edgar H. Levin
Jack Levin
Bennett F. Markel
Mark D. Marshall
Howard A. Minners
Robert K. Modlin
Hugh Lamson Moffet
George Albert Nelson, Jr.
Herbert A. Newman
Thomas Francis O'Brien, Jr.
Joseph S. Pagano
Raymond E. Phillips
Clifford B. Reifler
Lathrop E. Roberts
Melville P. Roberts, Jr.
Jesse G. Rubin
Arnold A. Schoolman
Kenneth A. Simon
Gilbert B. Solitare
Robert W. Southworth
Donald C. Stahl
Arthur Taub
Romeo Vidone
William J. Waskowitz
Robert E. Youngen
James G. Zimmer

1958

George K. Aghajanian
Joseph E. Angelo
John P. Arnot
Gerard N. Burrow
David A. Carlson
Robert J. Donohue, Jr.
Lawrence Dubin
Donald A. Duncan
Joel C. Eberlin
Raymond A. Gaito
John C. Gallagher
William M. Gould
James Greenwald
Stanley Harris
Ernest L. Hartmann
George Hulme*
Michael Kashgarian
Haskins K. Kashima
Theodore W. Lieberman
Myron Lotz
Thomas J. Mauro, Jr.
Michael J. McCabe
Leo T. McCallum
Andrew Joseph McGowan, Jr.
Robert S. Neuwirth
Carol F. Phillips
David M. Pugh
William B. Radcliffe
Paul A. Rudnick
Raymond W. Turner
Margaret Smith Wenzel

1959

Scott Ingram Allen
Carol J. Amick
Robert M. Amick
Asa Barnes, Jr.
Francis A. Beer
Jack F. Bowers
William C. Butterfield
Edward Call, Jr.
Edwin M. Clayton
Sidney M. Cohen
Martin Colodzin
Lyall S. Crary, Jr.
William L. Donegan
Robert L. Fisher
Robert J. Gonyea
Gerald B. Gordon
W. Keith Hadley
William H. Heydorn
C. Richard Hinckley
Leonard Inker
John J. Jasaitis
Edvardas Kaminskas
David W. Kingsbury
Myron S. S. Lee
Daniel L. Macken
Brian J. McGrath
James A. O'Neill, Jr.
Robert H. Ostberg
Nicholas M. Passarelli
Charles A. Phillips
Lincoln T. Potter
James R. Ralph
David Pardee Reed
Joseph Douglass Robinson, Jr.
Joseph D. Saccio
Constantine J. Sakles
Owen A. Shteir
David B. Skinner
Sanford P. Solomon
Lisa A. Steiner
Leo H. Von Euler
Robert B. Whitney, Jr.
Muriel D. Wolf

1960

Victor Altshul
Alan W. Ames
Stuart P. Bowne
Donald P. Buebendorf
Thomas E. Carson
Stanley M. K. Chung
Caldwell B. Esselstyn, Jr.
Warren H. Fisher
Paul Jay Friedman
Eugene C. Gaenslen, Jr.
Gary Earl Gotham
James I. Gilman
Roland H. Ingram, Jr.
William S. Kaden
Eric P. Kindwall
Susan T. Kleeman
Thomas P. Kugelmann
Edward R. Lang
Thomas Lau
Edward Longo
Robert Marcus
Eugene G. McCarthy, Jr.
Donald L. Miller
Richard G. Morrill
Allan W. Newcomb
Buford L. Nichols, Jr.
J. Thomas Okin
Fred Palace
Nancy Rolick Powell
Charles H. Robinson, Jr.
Albert Matthew Ross
Fred Stargardt
Robert C. Wallach
Ronald A. Yankee

1961

Kenneth A. Arndt
Earl L. Baker
Albert A. Bechtoldt, Jr.
Orson R. Dee
Paul David Deiter
Ralph J. Deponte
Ronald A. Dierwechter
Jon Dudley Dorman
T. Wayne Downey
Philip Felig
John F. Fenn
James M. Giffin
Edward C. Gilbert
Robert Sterling Gillcash
David D. Griffith
Louis D. Hunt
Richard L. Keefe
Paul M. Leand
Marguerite Stein Lederberg
Robert Isaac Levy
Joseph Richard Lusby
John A. McCormack
Anoush Miridianian
Richard Allen Moore
Roland D. Paegle
John Curtis Parker
William M. Rogoway
Roy E. Ronke, Jr.
John J. St. Andre
Robert N. Taub
Hugh C. Thompson, III
Franklin H. Top, Jr.
David E. Weaver
Warren D. Widmann
John R. Woodward

1962

Jon M. Aase
David L. Adams
Michael H. Alderman
Charles B. Anderson
Frederic P. Anderson
Ann Brace Barnes
Spencer J. Brody
Dean E. Burget, Jr.
Fredric K. Cantor
Thomas Newell Chase
Oliver Townsend Dann
Clyde Kenneth Emery, Jr.
John N. German
David H. Groth
Roderick C. Haff
John T. Harrington
Frank R. Hartman
Patricia C. Hassakis
Victor W. Hurst, III
Glenn L. Kelly
Bernard Kosto
John P. Lynch
Malcolm A. Martin
Stanley E. Matyszewski
David J. McConnell
William G. Meffert
William A. Miller
David D. Nicholas
Karlen L. Paulay
A. Richard Pschirrer
Joseph Ross
James A. E. Spencer
Larry Lee Stewart
H. Oliver Stoutland
Seth Thaler
Sherwood Waldron, Jr.
William Farnsworth Weber
Stewart R. Wright

1963

Miguel R. Alonso
David F. Cross
Andrew Edin
John P. Eliopoulos
B. Allen Flaxman
William T. Friedewald
David H. Fulmer
Alexander R. Gaudio
F. John Gennari
Lee D. Goldberg
Peter B. Gregory
Harold P. Kaplan
William B. Lehmann
Craig H. Llewellyn
Edward G. Lund, Jr.
Robert H. Margulis
Herbert Meltzer
Robert E. Mueller
Jay M. Pomerantz
Gene R. Profant
Lee Bland Talner
Thomas W. Tillack
Peter V. Tishler
Lawrence Tremonti
Helen N. Walsh
Alfred J. Wise

1964

William A. Alonso
Berton W. Ashman
Leland S. Berger
Philip Blume
Anthony J. Bravo
Joseph F. J. Curi
Beverly Ann Dudek
Alfonso Esguerra
Anthony Ferrante
Norman C. Fost
Peter A. Gross
John F. B. Haney

Christopher W. Hauge
Gene I. Higashi
Richard Hockman
Lawrence Horwitz
William J. Houghton
William E. Knight
Thomas L. Lentz
James S. Levine
Robert W. Lyons
Andrew E. MacMahon
William F. Matchett
Thomas O. McCann
Robert L. Mitchell
Alan H. Morris
James J. Murphy
Donald A. O'Kieffe, Jr.
Howard C. Pomeroy
William B. Pratt
Stanley J. Rosenberg
Richard P. Saik
Norman Scher
Robert L. Shelton
Tadashi Shimada
A. Thomas Snoke
Lyall C. Stilp, II
Sigrid L. Tishler
Stephen Waltman

1965

Susan A. Aoki
Thomas T. Aoki
John H. M. Austin
Paul Balter
Victor J. Burner
Thomas B. Caldwell, III
David G. Campbell
John M. Coyle
David S. Fedson
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